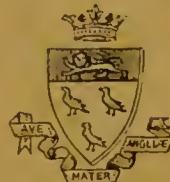


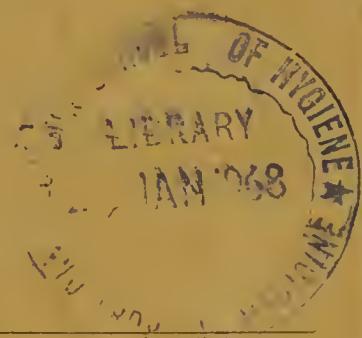
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MEDICINE

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OXFORD

City and County Borough of

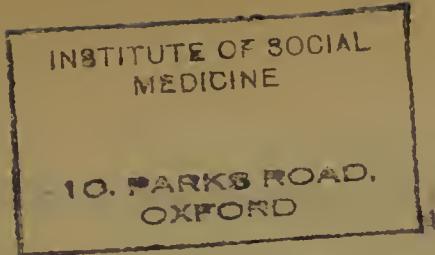


Canterbury
1948

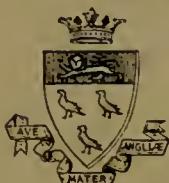


ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER Including the Report of the SENIOR SANITARY INSPECTOR and the Report of the Medical Director of the Child Guidance Clinic for the year 1948

MALCOLM S. HARVEY, M.B., CH.B., D.P.H.
Medical Officer of Health and School Medical Officer



City and County Borough of



Canterbury

1948

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER

Including the Report of the
SENIOR SANITARY INSPECTOR
and the Report of the
Medical Director of the Child Guidance Clinic
for the year
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MALCOLM S. HARVEY, M.B., CH.B., D.P.H.
Medical Officer of Health and School Medical Officer

CITY OF CANTERBURY — 1948.

Mayor :

ALDERMAN MRS. E. M. HEWS.

Health Committee :

Chairman : SHERIFF W. H. CHESSELL.

City Council Members : THE MAYOR (Alderman Mrs. E. M. Hews), Councillor C. H. De LAUBENQUE, Councillor A. W. FOWLER, Councillor H. M. KENNY, Councillor MRS. M. A. RICKARDS.

Co-opted or Representative Members : MISS M. SHEEHAN, Matron, Kent and Canterbury Hospital; DR. F. L. CASSIDI, Local Medical Practitioner; DR. F. C. COZENS, Kent and Canterbury Executive Council; MR. E. J. MOUNT, Canterbury Group Hospital Management Committee.

Mental Health Services Sub-Committee :

Chairman : Councillor A. W. FOWLER.

City Council Members : Councillor C. H. De LAUBENQUE, Councillor H. M. KENNY.

Co-opted or Representative Members : DR. F. L. CASSIDI, MRS. M. A. SHARPE.

Care Committee :

Chairman : Councillor C. H. De LAUBENQUE.

Representatives of Health Committee : THE MAYOR, Councillor A. W. FOWLER and MISS M. SHEEHAN.

Representatives of Voluntary Organisations : MISS M. CLEMENTS.

• Canterbury Alford Aid Society; MISS E. F. ALLARDYCE, St. John Ambulance Association; MRS. S. HAWKINS, St. John Ambulance Brigade; MRS. J. S. PECK, British Red Cross Society.

Sanitary and Licensing Committee :

Chairman : Alderman A. BAYNTON, O.B.E.

City Council Members : THE MAYOR,* Alderman A. BAYNTON, Alderman H. P. DAWTON,* Alderman H. G. JAMES, Alderman H. RIGDEN,* Councillor W. S. BEAN, Councillor P. BOTTING,* Councillor C. C. ELAM,* Councillor A. W. FOWLER,* Councillor J. G. B. STONE, Councillor T. B. WHITE, Councillor P. L. WOOD.* (Members marked * were members of the Public Health Committee dissolved on 4th July, 1948, and the following members retired on its reconstitution as the Sanitary and Licensing Committee: Sheriff W. H. Chessel (Chairman), Councillor C. H. de Laubenque and Councillors Mrs. M. A. Rickards).

Education Committee :

Chairman : Alderman F. HOOKER.

City Council Members : THE MAYOR (Alderman Mrs. Hews), Councillor P. BOTTING, Councillor C. H. De LAUBENQUE, Councillor C. C. ELAM, Councillor S. JENNINGS, Councillor H. M. KENNY, Councillor T. McCALLUM, Councillor MRS. M. A. RICKARDS and Councillor W. THOMAS.

Co-opted or Representative Members : REV. A. M. RITCHIE, REV. S. G. APPLETON and MRS. D. REYNOLDS.

Town Clerk and Welfare Officer :

J. BOYLE, LL.B.

Director of Education :

J. GREEN, LL.B. (Resigned 23/9/1948).
N. POLMEAR, M.A. (Appointed 1/5/1949).

Medical Officer of Health and School Medical Officer :

MALCOLM S. HARVEY, M.B., Ch.B., D.P.H.

Staff of Health and School Health Services :

Deputy Medical Officer of Health and Assistant School Medical Officer (Part-time) : HILDA M. GARLICK, M.B., B.S., D.P.H.

Dental Surgeon: PAULINE FIGDOR, L.R.C.P., L.D.A.

Chest Physician and Adviser on After-Care of Tuberculosis: J. A. ROBSON, M.D., B.Chr., D.P.H.

Consultants and Specialists under Regulations 53 (b) and (c) of the Handicapped Pupils and School Health Service Regulations, 1945 :

T. A. CLARKE, M.D., F.R.C.S. (Ed.), D.L.O. (Deafness).

C. E. S. OXLEY, M.R.C.S., L.R.C.P., D.L.O. (Deafness).

F. G. ST. CLAIR STRANGE, F.R.C.S. (Physical Handicaps).

T. M. O'NEILL, M.B., B.Chr., D.O., M.S. (Sight).

E. WHATLEY, B.Sc., M.B., B.S., M.R.C.S., L.R.C.P. (Maladjustment).

Health Visitors :

MISS G. E. MAGUIRE, S.R.N., S.C.M.

MRS. P. E. MATHEWS, S.R.N., S.C.M., H.V.Cert.

Tuberculosis Health Visitor : (Part-time, Kent County Council Officer) :

MISS E. B. RIDLEY, S.R.N., S.C.M., H.V.Cert., T.B.Cert.

School Nurses :

MISS A. E. GLASSBOROW, S.R.N., S.C.M.

MISS P. TROY, S.R.N., S.C.M.

Midwives :

L. P. LYNES, S.C.M.

E. H. OWEN, S.C.M.

C. M. PIERCE, S.R.N., S.C.M.

E. L. TEMPLETON, S.C.M.

District Nurses : (Canterbury District Nursing Association) :

I. PHIPPS, S.R.N.

R. E. NICHOLS, S.R.N., S.C.M.

Occupation Centre :

MISS E. FORD (Supervisor).

MRS. E. ACOTT (Assistant).

Bulky Authorised Officers and Petitioning Officer (Mental Health) :

F. FOWLER.

D. PLEDGE.

Mental Health Social Worker : (Part-time) Kent County Council Officer.

Supervisor of Home Help Service (Part-time) :

MRS. J. M. BARTON (Appointed 23/5/1949).

Child Guidance Clinic :

Medical Director : E. WHATLEY, B.Sc., M.B., B.S., M.R.C.S., L.R.C.P.

Educational Psychologist : MISS E. HORNE, Dip. Psych., L.L.A.

Psychiatric Social Workers :

MISS C. DAUNT.

MISS J. ELKAN, M.H.Cert. (to May 31st, 1948).

MR. C. WOLLEN, M.H.Cert. (from January, 1949).

Play Therapist : MISS S. HARNETT, Dip. Psych.

Staff of Public Health Service :

Senior Sanitary Inspector : T. L. MARTIN, A.R.S.I., M.S.I.A.,
Meat Inspector's Certificate.

Additional Sanitary Inspectors :

A. R. CLARK, M.R.S.I., M.S.I.A., Meat Inspector's Certificate.
R. G. GOODBODY, M.R.S.I., M.S.I.A., Meat Inspector's Certificate.

Rodent Officer, Disinfecto and General Assistant :

G. COX and A. TOMKINS.

Administrative and Clerical Staff to above Services :

Administrative Assistant and Secretary to Care Committee :
D. PLEDGE.

Clerical Officer : MISS E. W. EDGINGTON.

Clerical Staff :

MISS A. M. POOLE, MRS. P. DUNLOP, MISS R. MARSH.
MISS M. HUGHES (Public Health).
MISS P. BENNETT (School Health).
MISS M. HOPKINS and MISS D. DAY (Child Guidance Clinic).

Other Officers connected with Services :

MISS M. LEWIS, S.R.F.N., Matron, Canterbury Isolation Hospital.
MISS G. STEAD, Secretary, Canterbury District Nursing Association.

Public Analyst :

E. S. HAWKINS, O.B.E., B.Sc., A.R.C.S., F.R.I.C., 19 Watling Street.

HEALTH DEPARTMENT,
CANTERBURY.
1949.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report for the year 1948.

The report is a composite one and includes the report of the Senior Sanitary Inspector and the report of the Medical Director of the Child Guidance Clinic. The various services are reported on, with irrelevant comments included within the substance of the report and not in this covering letter.

1948 was a year of changes, of new lamps for old, with the establishment of a new hospital organisation, and of the new general medical and dental service. For Health Authorities it was a year of rearrangement, of implementing the schemes made under the National Health Service Act, 1946, and of watchfulness lest the preventive aspect of the National Health Service might become overwhelmed by the curative. It is considered that the City Council served this end to best advantage by their full co-operation with the Canterbury Hospital Management Committee and the Kent and Canterbury Executive Council, in the formation of the new services. Such co-operation also extended to arrangements with the surrounding Health Authority, Kent County Council, to our mutual advantage in the services in the locality.

The statistics on Births and Deaths remain good enough in relation to those for other parts of the country, but it is sad to see the birth rate slipping back to 19.11 compared to 22.66 per 1,000 population in 1947. The fall in Infant Mortality to a new low level both locally and nationally is very satisfactory. A dissection according to age group and time of the year, of the deaths aged 65 and over has been included in the report and related to 1947. For 1948 it shows where the fall in deaths occurred.

During the year a study was made of the need for a day nursery in the City. On information supplied by the local office of the Ministry of Labour and on discussions with representatives of voluntary organisations and representative associations it became clear that the need was not for a day nursery but for a play centre or creche where babies could be placed while mothers were shopping. St. Martin's Hill Social Club and the Council Tenants' Association made valiant efforts to start such a centre for the St. Martin's Hill district, but the response from the mothers was not forthcoming. It seems that the pram is a necessary part of the accoutrement of the shopping mother. Where else can the parcels go? Therefore baby goes also.

By its arrangements under the National Health Service Act, the City Council have preserved, for the time being at least, the Canterbury District Nursing Association. The financial support given is recognised in the fifty per cent. representation of the City Council on its Committee.

This Association had its origin in the Kent and Canterbury Institute for Trained Nurses which was started in 1883 and which provided the first District Nurse in Canterbury in November of 1884 for the nursing of the sick poor. Quoting from a report for 1884, "it is hoped that the liberality of the Public will enable the Institute to continue this branch of the work, which is one of the chief objects for which the Institute was formed." The other objects for which the Institute was formed was the provision at a reasonable charge of trained and efficient Nurses in cases of sickness, for the General Public, including an arrangement to provide such nurses at a reduced charge to persons of limited means. The Institute was closely associated with the Kent and Canterbury Hospital who trained the nominated probationers who were to become the trained staff. Later, as the Institute flourished, such probationers were also placed for training as far afield as Bristol, Birmingham and Cambridge, but the association with the Kent and Canterbury Hospital became ever closer. By an arrangement in 1892 the probationers were trained free in return for the services, at half price of a Trained Nurse when the Hospital needed one and the Institute could meet the need. Staff shortages were not unknown even in those days.

The Institute always had difficulty in making the public realise that the District Nursing for the sick poor was a charity, for its success in the field of private nursing could not escape the public eye. In 1884 the Institute had 7 General Nurses who served 41 Private Cases, and 1 District Nurse who served 68 cases. In 1895 the Institute had 19 General Nurses and 6 Maternity Nurses who together dealt with 281 cases, and 2 District Nurses who dealt with 147 cases, making 3,743 visits to do so. In 1948 the 2 District Nurses in Canterbury made 7,383 visits to 377 cases but under somewhat different conditions of housing and sanitary circumstances. The following quotation from an 1887 report echoes down the years. "Nothing so directly tends to the spread of true sanitary knowledge among the working people as the attendance upon their sick of a skilled trained nurse . . ." We now look beyond the limits of sickness in that our Health Visitors, skilled trained Nurses, visit all homes where there are children, and from this year onwards we are all working people (e.g. Housing Act, 1949).

The Institute's first premises were in the Longport from which they moved in 1888 to 8, St. Margaret's Street, and thence in 1895 to 62, Burgate which is still the Headquarters but not at present the home of the District Nurses.

A problem still intimately connected with the health of the community is housing, and it is not without its mental health aspect. Those who share dwellings, but are not overcrowded, can help by living peaceably together until the rate of house construction can so increase that supply approaches demand, and a separate house for every family can be achieved. Those who take in young married couples and deny them the fulfilment of marriage by imposing a condition of childlessness or imply such a condition by a frigid attitude to a happy event

to come, are committing a sin against the Church and People. Many a crying baby is suffering from nothing more than the anxiety of its mother lest the cry annoys.

I should like to express my appreciation and thanks to a loyal staff whose enthusiasm has been a great stimulus, and to the willing band of voluntary workers who help the Health Visitors in the Clinics. Special mention has been earned by the Administrative and Clerical Staff, who carried the stress and strain of the extra work involved in these new services with great willingness and a disregard for the clock, that showed their keen interest in local government service and in our new health services.

In referring you now to the Report itself, I should like to thank the members of our Committees for their understanding and encouragement.

Your obedient servant,

MALCOLM S. HARVEY.

Social Circumstances.

For those elsewhere a note on the social circumstances of the City may help with the reading of the Report.

I acknowledge gratefully the help of Mr. Childs of the Canterbury Employment Exchange in providing certain information included here.

The City by nature of its central position in East Kent has become a local centre for trade. It is also the natural professional and cultural centre for a wide area and has developed as a centre for Secondary and Further Education. It has both Public Schools and Maintained Schools of standing, a flourishing Technical College, an equally active School of Art and Architecture, a School of Church Music and an Ecclesiastical College. As a Cathedral City it is of national and international importance, but the presence of such a gem in its midst has not overshadowed the functional efficiency of the Civic unit. On the contrary it appears to have enhanced its quality. The attraction of the Cathedral to tourists has not influenced greatly the nature of the City except perhaps in giving prominence to the catering trade. The City's proximity to the seaside resorts of Kent and the Isle of Thanet, and to London itself, makes tourist invasion a day by day affair although the wealth of local interest would justify a longer stay.

The City lies on the fringe of an area rich in coal, and the North East suburb which is closest to the Coal mining district is developing as the industrial end of the town.

Transport and Haulage with the associated industry of Motor and Vehicle building and repair, represents the largest local source of employment, with leather and leather goods manufacture also a prominent industry. The local tannery calls for special mention as an industrial undertaking that has made good progress in the provision of welfare services for its employees, especially in facilities for cleaning up after work and for the treatment of accidents.

The list of other industries includes Dyeing and Cleaning, Food

and Drink manufacture, Publishing and Printing, Iron Smelting, Flour Milling, Brewing, Glass Craftsmanship, Public Utilities, and a host of other light industries. Vying with these light industries in the claims on available labour is Agriculture, including dairy-farming, fruit farming, and nursery gardening.

Agriculture absorbs the low number of unemployed in the seasonal labour between April and October, and the majority of women who are unemployed during the winter months are from Agricultural work and are married.

The local Employment Exchange of the Ministry of Labour and National Service which covers Bridge-Blean Rural District as well as Canterbury (a population of around 45,000) recorded the following figures for unemployment. These show the influence of agricultural work on the mid-summer and mid-winter levels.

July, 1948	— Men 45	: Women 2
January, 1949	— Men 101	: Women 97

The population of the City continues to rise and increased by 980 between mid 1947 and mid 1948. The average number of persons per rateable dwelling rose from 3.44 to 3.45 in the same period. The number of persons per acre rose from 5.2 to 5.4 in the year but is no true indication of the congestion of dwellings, for the built-up areas are separated by expanses of orchard land, by land adjoining the rivers or lakes and by a golf course and military area.

On 31st March, 1949, there were 1,646 dwellings owned by the City Council and 21 dwellings provided in requisitioned properties, together representing 22.7 per cent. of the dwellings in the City. 782 are pre-war Council Houses, 835 post-war houses and 29 miscellaneous houses.

GENERAL AND VITAL STATISTICS FOR 1948.

General :

Area: 4,702 Acres.

Registrar-General's estimate of civilian population, mid-1948: 25,370.

No. of Inhabited Dwellings (end of 1948 according to Rate Book): 7,346.

Rateable Value: £229,304.

Sum represented by penny rate: £904.

Vital :

BIRTHS:—

	Male	Female	Total
Live Births:—			
Legitimate	236	222	458
Illegitimate	11	16	27
Total Births	247	238	485
Stillbirths:—	4	—	4

DEATHS:—

All Deaths	144	160	304
Deaths from Puerperal causes	—	—	Nil
Deaths of Infants under one year of age:			
(Legitimate 10; Illegitimate 1)			11

The following table gives the rates calculated from these figures and compares them with corresponding figures for elsewhere.

	Canterbury.	England & Wales.	148 Towns Resident Pop. 25,000=50,000	1931 Census.
Live Births per 1,000				
total Population	19.11	17.9		19.2
Stillbirths	0.16	0.42		0.43
Deaths, all causes	11.9	10.8		10.7
Infant Mortality Rate	22.68	34.0		32.0
(Deaths of Infants under 1 year, per 1,000 Live Births)				
Neonatal Mortality Rate	18.56			
(Deaths of Infants under 1 month per 1,000 Live Births).				

The number of deaths from causes tabulated according to the International Classification are given in the following table:—

TABLE 1.

Cause.	No.	Group.	International Classification No.
Tuberculosis of Respiratory System	10	I	001-008
Neoplasms	33	II	
Allergic, Endocrine, Metabolic and Nutritional Diseases	12	III	
Diseases of Blood and Blood Forming Organs	3	IV	
Diseases of Nervous System and Sense Organs	36	VI	
Diseases of Circulatory System:—			
(a) Rheumatic Fever & Chronic Rheumatic Heart Disease	1	VII	400-416
(b) Arteriosclerotic, degenerative and other Diseases of the Heart ...	74	„	420-434
(c) Hypertensive Diseases	3	„	440-447
(d) Other Diseases	49	„	
Diseases of Respiratory System:—			
(a) Influenza	2	VIII	480-483
(b) Pneumonia	16	„	490-493
(c) Bronchitis	9	„	
(d) Other Diseases	3	„	
Diseases of Digestive System	5	IX	
Diseases of the Genito-Urinary System	21	X	
Congenital Malformation		I	XIV
Birth Injury and Asphyxia	3	XV	760-762
Immaturity	4	„	774-776
Senility and Ill-defined Conditions	8	XVI	
Accidents, Poisonings and Violence	11	XVII	
Total Deaths ...	304		

A tabulation of the causes of Infant Deaths is given on Page 15.

TABLE II.

No. of Deaths age 65 years and over.
Tabulated in Groups and according to sex and compared with 1947.

Ages		65-	70-	75-	80-	85-	90-	Total Deaths 65 and over.	% of Total Deaths	Total Deaths all ages
Female	1947	17	30	28	30	12	10	127	71.7	177
	1948	22	24	29	25	11	8	110	68.75	160
Male	1947	25	28	12	16	10	3	94	64.8	145
	1948	22	13	21	21	6	4	87	60.4	144
TOTAL	1947	42	58	40	46	22	13	221	68.6	322
	1948	44	37	41	46	17	13	197	64.8	304

TABLE III.

No. of Deaths at ages 65 and over tabulated to show the spread over the year and compared with 1947. As the thirteen four weekly periods do not correspond exactly with the year there is a slight difference from the sum of the deaths for the year.

4wk. periods (in 1948) ending—		24/1	21/2	20/3	17/4	15/5	12/6	10/7	7/8	4/9	2/10	30/10	27/11	25/12
Deaths 65 and over	1947	31	22	28	20	19	11	15	9	7	15	10	14	13
	1948	16	20	22	20	15	14	18	15	9	7	7	13	22

Table III shows that 60 per cent. of deaths in the years of retirement occurred between December and May, and that the first three months in the year are the most dangerous. The early months of 1948 were less severe on the elderly than in 1947.

Table II implies that the females survive longer than the males, and that the fall in total deaths in 1948 was due to the fall in deaths of the elderly females.

Incidence and Control of Infectious Disease.

The following list shows cases of Infectious Disease other than Tuberculosis notified during 1948, and those admitted to hospital.

	Cases notified (in writing).	Children 5-15 years.	Admitted to Hospital.
Scarlet Fever	68	50	58
Erysipelas	5	—	—
Whooping Cough	31	10	6
Measles	12	4	4
Pneumonia	1	—	1
Diphtheria (Final diagnosis—			
not Diphtheria)	1	1	1
Acute Poliomyelitis	2	1	2
Meningococcal Meningitis	1	—	1
Ophthalmia Neonatorum	2	—	1
Infectious Jaundice Not notifiable	1	—	1
Chickenpox in Canterbury	6	3	5

No deaths occurred in these cases. There were no epidemics or outbreaks of Infectious Diseases on which to report.

Tuberculosis.

The Notifications of cases of Tuberculosis during 1948 are shown and compared to those during the previous six years.

TABLE IX.

Site/Sex	Number of Notifications													
	1942		1943		1944		1945		1946		1947		1948	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Lungs	12	17	7	10	13	15	18	9	14	9	13	7	9	7
Glands	4	2	2	3	2	—	—	3	2	1	1	—	—	—
Bones, Joints, etc.	2	2	2	—	—	—	—	1	6	1	3	—	3	1

All deaths from Tuberculosis had been previously notified.

Throughout the year Canterbury cases of tuberculosis were

treated in the following hospitals. The total number of patients receiving hospital treatment was 24.

Lenham Sanatorium	...	...	...	...	6
Royal Sea Bathing Hospital, Margate	...	...	...	3	
Keycol Hill Sanatorium, Nr. Sittingbourne	...	...	...	2	
County Hospital, Orpington	...	...	...	3	
Royal National Sanatorium, Benenden	...	...	...	2	
Kent and Canterbury Hospital	...	...	...	6	
County Hospital, Farnborough	...	...	...	2	
County Hospital, Kettlewell	...	...	...	2	
Brompton Hospital	...	...	...	1	
Colingdale Hospital, Hendon	...	...	...	1	
Queen Mary's Hospital, Roehampton	...	...	...	1	
Marill Hospital, Worley, Essex	...	...	...	1	
Hawthorndene Sanatorium, I. of Wight	...	...	...	1	

Admission to hospital or sanatorium became the responsibility of the Regional Hospital Board on 5th July and one becomes aware of the difficulty in having cases considered for admission to assist the control of spread of infection; for the Regional Hospital authority are out of touch with the community problem of tuberculosis. The Chest Physician who is still in touch through the Health authority with the ground level problem of the disease has little chance to present the importance of admission to hospital of particular cases, when all cases in the hospital region are dealt with through a single office. In this matter urban areas previously poorly served may have benefited under the regionalisation, but Canterbury has not.

Canterbury Isolation Hospital.

This hospital passed into the ownership of the Ministry of Health on 5th July and came under the management of the Canterbury Group Hospital Management Committee. An interest in the hospital was preserved through the Medical Officer of Health remaining Medical Officer to the Hospital for the time being. The accommodation was described in the Annual Report for 1947.

One hundred and eleven cases were admitted throughout 1948, the source of cases being as follows:—

Canterbury City	...	...	...	...	74
Bridge-Blean R.D.	...	...	...	...	17
H.M. Forces	...	...	...	...	1
Ramsgate Borough	...	...	...	...	2
Herne Bay U.D.	...	...	...	...	16
Faversham B.	...	...	...	...	1

Laboratory Services.

The Kent and Canterbury Hospital Pathological Laboratory handles the pathological work in the City and is always found helpful in discussing or dealing with any special problems.

Public Health Laboratory work on Milk, Ice Cream and Water is carried out by the Kent County Laboratory at Maidstone. This laboratory is also most helpful and co-operative on all matters. Only our geographical relationship is distant.

Analytical work is carried out by the Canterbury Public Analyst of whose help and service I cannot speak too highly. He is always ready to discuss and to help.

Nursing Homes.

At the end of the year there remained only three Nursing Homes, as one of 4 beds closed down due to difficulty in obtaining staff. This reduced the total of Nursing Home beds in the town to 18 beds, of which between 7 and 9 beds were in use for Maternity cases, the other beds being used for medical cases.

LOCAL HEALTH SERVICES.

There follows a report on the working of the Local Health Services provided under Part III of the National Health Service Acts. This includes information on services provided in 1948 prior to 5th July, when the National Health Service Act, 1946, came into force.

Section 21. Health Centres.

No scheme for a Health Centre has been presented to the Minister of Health so far, but work preliminary to such a scheme for a Health Centre, to be sited in the Dane John has been started. The principle has been accepted by the City Council that such a Health Centre to provide accommodation for the General Medical and Dental Services under Part IV of the National Health Service Act, for the Local Health Services under Part III of the Act, and for the School Health Services, is required. The site chosen presents the possibility of development in stages and has other attractions.

While the population of the City is 25,370, some 3,000 more persons are served by the 12 family doctors in the town, who all provide General Medical Services, and of whom 9 are on the Maternity Medical Services list. Four of the family doctors run single-handed practices and three partnership practices made up the other eight. Twelve Dental practitioners in the town give service under the Act. Nine Chemists provide dispensing services, three Ophthalmic Medical practitioners practice in the town and there are nine ophthalmic opticians, and three dispensing opticians listed.

Section 22. Care of Mothers and Young Children.

The arrangements described below are the local health authority's contribution to a conjunction of care of the expectant mother, the nursing mother and the child in infancy and the pre-school years, provided under separate parts of the National Health Service Act. They are complementary to the family doctors' services, seeking the maintenance of good health as well as the cure of ill-health. The period of childbirth and the puerperium is provided for by the domiciliary midwifery service and the obstetric Medical Practitioners;

the care of the school child is provided for by the School Health Service in conjunction with the family doctor; the care of the adult is provided for by industrial health services and by the family doctor; in the case of the aged the duty returns to the local health and welfare authority along with the family doctor. Throughout this continuity of care the common factor is the family doctor. While his main concern is with ill-health, it is toward his care of the family that these various preventive health services work, as do the hospital and specialist services. If the family doctor is overwhelmed with paper work or is thought the less of because he is not a specialist, then the other sections of the National Health Service will suffer. His standing must not be depreciated. Freedom of choice of doctor must be used wisely as a means to give the family doctor his right status with the family and so that the choice may be for a lifetime.

Ante-Natal Care.

The Ante-Natal Clinic is held in the Health Department Buildings in Stour Street. Structural improvements to the access were made during the year. Dr. H. M. Garlick is the Medical Officer to the Clinic.

Complicated cases are referred to the obstetric Specialist at the Kent and Canterbury Hospital, and where the complication is one of home conditions, and in other cases, ante-natal care is continued at the Local Health Authority Clinic until the 36th week and thereafter at the Hospital Ante-Natal Clinic.

The attendances at the Ante-Natal Clinic were such that to allow adequate time for each case an additional session was arranged by opening the Clinic in the mornings as well as the afternoons. This began in the early Spring of 1948, and attendances after the 5th July continued to justify it.

About the same time blood examinations were begun as part of the Ante-Natal care, the test including Haemoglobin estimation, Rh. Factor, blood grouping, and Kahn test. In Rh. negative mothers the husband's blood was examined to determine the significance of the finding, and where indicated, further examinations of the mother's blood for antibodies in the last months of pregnancy were carried out. The procedure has been justified by the saving of at least one baby. How many more would not have survived but for the precautions taken cannot be assessed. Several mothers have been admitted to Hospital for their delivery as a precaution.

Military Families in Barracks had their own Ante-Natal Clinic run by the Army Obstetric Medical Officer, who comes from the Military Families Hospital at Shorncliffe for the purpose. These mothers go to Shorncliffe Hospital for their confinements.

Ante-Natal Sessions held in Health Dept. Central Clinic	81
First Attendances (including cases carried over from 1947)	220
Total Attendances	... ... ... ... ... 688
Blood examinations	... ... ... ... ... 110
Cases referred to Dental Officer	... ... ... ... ... 66
Mothers in attendance at end of 1948	... ... ... ... ... 59

Post-Natal Care.

The majority of the mothers go for post-natal checkover to the obstetric medical practitioner who attends them in childbirth, if such was the arrangement, and others to the family doctor. The Health Visitors enquire into whether the post-natal examination has been arranged and encourage mothers to have it carried out.

No. of Mothers who attended Ante-Natal Clinic for Post-Natal examination 25

Premature and Immature Infants.

The notification of birth card includes information on the baby's weight if below 5½ lbs., and on this information special attention is directed to the case, and to the continuity of care between the completion of puerperal care by the Midwife and supervision by the Health Visitor.

If home care of the case is sufficient a draught proofed cot with bedding, clothing, hot bottles, gowns and draught screens are available on loan from the Health Department.

The Kent and Canterbury Hospital is close at hand and is a proved and willing helper with such cases. There is an adequate ambulance service to expedite admission to Hospital if required.

Premature baby equipment was issued on loan once in 1948.

Total No. of births notified or recorded as Premature ...	67
No. of these delivered at Home	13
No. of these delivered in Hospital	54
No. of these delivered in Nursing Homes	0
No. of Hospital or Nursing Home cases resident in Canterbury	16

Table IV shows the causes of Infant Deaths and ages at death:—

Infant Deaths.

TABLE IV.

Causes of Infant Deaths (under 1 year)	Under 24 hrs.	24 hrs. to 1 month	Over 1 month	TOTAL
Premature Birth ...	3	1	—	4
Atelectasis (1 Premature)	1	1	—	2
Congenital Heart Failure (Patent Foramen' Ovale)	—	1	—	1
Congenital Abnormality of Mouth (Asphyxia Livida) ...	1	—	—	1
Broncho-pneumonia ...	—	1	—	1
Miliary Tuberculosis ...	—	—	1	1
Toxaemia & Diarrhoea ...	—	—	1	1
	5	4	2	11

Two deaths of premature infants occurred on district, the cases being premature twins, dying within 18 minutes of birth.

Unmarried Mothers.

The Health Visitors take an active interest in these cases and try to establish contact early in the pregnancy to ensure an adequate Ante-Natal care and to ascertain the ways in which the difficulties of the unmarried mother can be eased.

All this work is essentially confidential and involves close work with the Diocesan Council for Moral Welfare and other social service and religious organisations.

Four births to unmarried mothers were notified in the City and twenty-three such births occurred to Canterbury persons temporarily outside the City.

In three cases the Health Committee arranged for the unmarried mother to be admitted to a home through the Diocesan Council for Moral Welfare for some months before and after the confinement.

Infant and Child Welfare.

The Infant and Child Welfare Clinic held in the Health Department, Stour Street, was the only such clinic until, in July, a peripheral clinic was started at Wincheap School, Hollow Lane. It is hoped that next year it may be possible to report the start of a third clinic to serve the population, including the Military Families, at the Sturry end of the town.

The clinic in the Health Department is held on the afternoons of Monday, Thursday and Friday at 2.30 p.m.—a medical officer attending on Thursday. A Tuesday afternoon session beginning at 1.45 p.m. is held for Immunisation and Vaccination.

The peripheral clinic at Wincheap is held on Monday afternoon at 2 p.m.—a medical officer attends.

Table V shows the numbers attending the Infant Child Welfare Clinics.

TABLE V.

Infant/Child Welfare Centre		Health Dept.	Wincheap 5.7.48	TOTAL
Children on Clinic Register 31.12.47 ..	Under 1 1-5 yrs.	252 419	— —	252 419
First attendance during 1948	Under 1 1-5 yrs.	295 84	45 12	340 96
Total No. of children remaining on Register on 31.12.1948	Under 1 1-5 yrs.	213 381	53* 55*	266 436
Total No. of Attendees made by Children during 1948 ..	Under 1 1-5 yrs.	3,428 706	326 154	3,754 860
Doctor's consultation ..	Under 1 1-5 yrs.	442 276	60 7	502 283

*Includes transferred cases.

Breast Feeding.

Breast feeding and test feeding sessions became an organised part of the clinic service in December, 1948, and are held at 9.45 a.m. in the Central Clinic at the Health Department as required.

Two sessions were held in December at which seven mothers attended and eight test feeds were carried out.

Prior to this arrangement the Health Visitor had been carrying out test feeds in individual cases. The increase in staff allowed for the special session to be started, with the benefit to the nursing mother of meeting others with a similar problem.

Dental Care.

The priority dental service provided by the Authority for mothers and children is based on the School Dental Centre which is half a mile away from the Central Clinic. In the second half of 1948 transport of expectant mothers from the Ante-Natal Clinic to the School Dental Centre was provided through the Ambulance Service, but pressure of demand on the latter caused us to abandon that arrangement.

The attendance of the Dental Officer at the Ante-Natal Clinic to carry out dental inspection of all mothers on their first attendance proved uneconomical in time. The arrangement applying at the end of 1948 was that, on the inspection of the teeth by the Medical Officer of the Ante-Natal Clinic, cases were referred by letter to the School Dental Centre for priority treatment.

The Dental Officer reports that from July to the end of the year 66 mothers were referred for inspection or treatment and that 30 required and accepted treatment. Twenty-five children were referred for treatment and 22 required and attended for treatment. No dentures were ordered or supplied.

Section 23. Midwifery Service.

The following number of midwives notified their intention to practice during 1948:—

Local Health Authority—4; Private (including Nursing Homes) —7; and Kent and Canterbury Hospital—7.

The provision of four municipal midwives to cover the domiciliary midwifery service remains adequate. Nevertheless, any lengthy period of absence from duty must be covered by the employment of a temporary relief midwife. Such an arrangement was made during 1948 to allow the four midwives in turn to attend training courses in Gas and Air Analgesia, and all four completed the course and are qualified to administer this relief to mothers in Childbirth. Each midwife is equipped with an Amwell Portable Gas and Air Analgesia apparatus.

While the municipal midwives have been recognised as officers entitled to a car allowance if such as used, the day-time form of transport is bicycle. Outside day-time hours however, they are authorised to call on the Ambulance Service for transport, and this has proved a satisfactory expedient for the time being. The distances to cases have been reduced by dividing the town into 2 peripheral districts, each served by 2 municipal midwives, and a central common ground. This gives an approximate radius of $\frac{1}{2}$ to $\frac{3}{4}$ of a mile for each midwife's area of practice.

Confinements within Canterbury.

Confined at Home—Private	...	...	...	...	5
Municipal Midwife	...	...	...	222	
Municipal Midwife with Doctor	...	...	...	34	
			Total	...	261
Confined elsewhere—Nursing Home	...	...	...	...	75
Hospital	...	...	...	...	377
			Total	...	452
Total Births in Canterbury	...	...	...	713	
Births to Canterbury Mothers	...	...	...	485	
Municipal Midwives' Cases	...	...	...	256	
Medical Aid Sought	...	...	...	54	
Gas and Air Administered	...	...	...	50	
Cases of Puerperal Pyrexia	...	...	...	0	
Cases of Ophthalmia Neonatorum	...	...	...	1	

The case of Ophthalmia Neonatorum was non-gonococcal. It developed after the completion of the midwives care, was recognised by the Health Visitor at routine visit, and was referred to the Eye Department of the Kent and Canterbury Hospital by ambulance for immediate attention. Subsequent care was carried out in conjunction with the family doctor and there was no injury to sight.

Section 24. Health Visiting.

It had been recognised for some time prior to 1948 that an increase in Health Visitor Staff was required to meet existing needs. Early in the year the Health Committee were successful in obtaining the services of an additional Health Visitor and this at once widened the scope of work. The Housing Committee assisted by making housing accommodation available and the Health Committee's choice of applicant was a happy one. Mrs. Mathew's keen enthusiasm gives the support to Miss Maguire which she has long deserved.

The additional Health Visitor was given responsibility for the Wincheap and Martyrs' Field district of the town in anticipation of the opening of the peripheral Welfare Clinic in Wincheap in July.

The Tuberculosis Health Visitor is a County Health Visitor giving part of her time to the City, for dispensary work and home visiting. This arrangement was carried over into the arrangements under the National Health Service Act. She works under the direction of the Chest Physician in the Chest Dispensary and under the direction of the Medical Officer in home visiting, advising, and reporting on the circumstances and needs of patients at home, and attends the Care Committee.

Since July, the Health Visitor's interest has extended to the family as a whole, and visits were made to old persons, in the follow-up where advisable of persons discharged from Hospital, in some cases requiring Home Helps, and in cases of Measles and Whooping Cough to advise on nursing and prevention of the spread of infection.

The following figures for 1948 show the home visiting done by the Health Visitors:—

Visits to Expectant Mothers—						
First Visits	...	...	...	...	...	144
Other Visits	...	...	...	...	...	45
Visits to Infants and Children—						
Under 1 year.						
First Visits (including Birth Notif. Visits						504
Other Visits	...	...	...	...	...	1822
One-Five years.			Total Visits			1526
All Visits	...	...	...	...	...	4041

Child Life Protection: Since July the Senior Health Visitor has made the Child Life Protection Visits on behalf of the Children's Department. 56 such visits were made.

Adoption: Every assistance was given to Mr. Tindell, the Adoption Officer, with enquiries preliminary to adoptions.

Section 25. Home Nursing.

Prior to July, 1948, the Canterbury District Nursing Association provided the District Nurses in the City and in the Rough Common and Harbledown area of Bridge-Bleas Rural District. (Their Annual Report for the first half of 1948 is shown as an Appendix on page 68).

Under the Health Authority's scheme for Home Nursing this Voluntary Association has been asked to continue to provide the Home Nursing service for the City but has lost its responsibility for the out-lying districts, which are now served by the County District Nurses.

the local District Nurse for Rough Common having been taken over by the Kent County Council and lost to the Canterbury District Nursing Association.

The City Council, in view of their financial support, nominate 50 per cent. of the members of the Canterbury District Nursing Association Committee. The arrangement has preserved a Voluntary Association as a hostage to fortune and allows possible scope to deal with any new home problem that may develop outside the new services which is not covered by legislation, and an outlet for philanthropy.

The Canterbury District Nursing Association at present provide two District Nurses, one of whom has a car. A daytime service is provided and the nurses turn out at the request of a family doctor for any emergency nursing procedures in the night. As the result of war emergency arrangements the Nurses' Home in the Burgate is still in use by a firm of Solicitors, and only one room is available for use as an office. The lack of a District Nurses' room in which sterilizing of equipment can be done and where supplies can be stored is a deficiency yet to be rectified.

The figures for the District Nurses from July to the end of 1948 are as follows:—

New Cases seen—	Medical	...	...	...	109
	Surgical	...	...	...	57
					<hr/>
	Total	...	...	...	166
Visits Paid—	Total	...	...	...	<hr/>3494
					<hr/>

Similar figures for the period of the year prior to 5th July, 1948, are:—

New Cases	...	...	...	...	211
Nursing Visits Paid	...	...	...	...	3889

The anticipated increase in usage of the District Nursing facilities did not develop after July, 1948, but with the increasing pressure on hospital accommodation it may be expected soon.

Section 26. Vaccination and Immunisation.

The Authority's arrangements prior to 5th July included the payment of fees to family doctors for the immunisation against diphtheria of a pre-school or school child, if the record of immunisation was sent to the Health Department.

The Authority was also a Vaccination Authority. The Vaccination Officer was a member of the department staff and the Public Vaccinator was the Deputy Medical Officer of Health.

Inoculation against Whooping Cough was provided on request to pre-school children at the Welfare Centre.

The arrangements from July onwards for diphtheria immunisation and vaccination have been that, while the City Council provide facilities for Diphtheria Immunisation and Vaccination against Smallpox at a special session for the purpose run in the Central Clinic in the Health Department, any General Practitioner providing general medical services in the city who immunises or vaccinates a child will, in return for a record on the standard form provided from the Health Department, receive a fee from the City Council. The stipulation concerning the fee is that it is one to be agreed between the Ministry of Health and the Medical profession. We and the family doctors await the pleasure of such agreement before we can balance our books. If the impasse continues it may have a detrimental effect on the state of protection of the child population, by discouraging the family doctor, on whose efforts we depend to raise the level of protection from the moderately high to the high.

Inoculation against Whooping Cough is available on request at the Protection Clinic Sessions in the Health Department. Such protection against Whooping Cough is not given any official stress, for as yet it is not the proved protective which Diphtheria Immunisation has shown itself to be. It appears to me to modify the severity of the illness if the inoculations have been completed before infection occurs. Because of that, as a public health measure it is of little value unless practically all the child population are inoculated, for the inoculated child may have Whooping Cough and be infectious to others and the condition may remain unrecognised. If the mother is one who does not take a cough seriously, as she ought, and allows her child to mix with other children and to play out of doors in a state of ill-health, such protective inoculation may militate against control of spread of infection and through lack of recognition of the whoop may pass on the infection widespread.

Nevertheless, the inoculation, if it modifies the severity of the disease, has a value to the individual and for that reason has been included in the City Council's health service. One essential point arises, however, and must be stressed. If any child in the family has been inoculated against Whooping Cough then all subsequent children should also be inoculated, or else there is present a potential danger, of the unrecognised infectious sib, to the unprotected infant member of the family, for in the first year of life Whooping Cough is a virulently dangerous disease. Elderly persons are also susceptible to the infection, and while I do not propose to suggest that we should offer inoculation to grandmothers, with that proneness to infection in view a word from them in the right quarter would often improve the isolation from other children of the whooping child.

The following Table of figures shows the work done on protective therapy during 1948:—

TABLE VI.

(See also page 53 of the School Medical Officer's report.)

		1948	Under 5	to 15	15 over	TOTAL
Vaccination against Smallpox	Primary Vaccination	1.1.48 - 4.7.48 (Public Vaccinators figures only)			(all ages)	222
		5.7.48 - 31.12.48	Under 1	1-4		
			132	5	3	17
	Re-Vaccinations	1.1.48 - 4.7.48 (Public Vaccinators figures only)			1	3
		5.7.48 - 31.12.48			12	12
Diphtheria Immunisations	Primary Immunisations		539	99	—	638
	Reinforcing injections			(all ages)		227
Whooping Cough Inoculations	No. of children Inoculated		Under 1	1-4		
			27	259	5	—
	No. of notified cases of Whooping Cough under 5			21		
	No. of these known to have received inoculations		none			
	Child population at mid-1948		2177	3738		5915
	No. of Canterbury Births less Infant Deaths 1947-					536
	No. of Canterbury Births less Infant Deaths 1948					447

Section 27. Ambulance Services.

In the first half of the year Ambulance transport was obtained from one of three sources. The Health Department operated a 16-hour weekday service with two ambulances and one sitting case car, and a 24-hour service for infectious diseases from the Isolation Hospital. The Kent and Canterbury Hospital provided an accident and general ambulance service with two ambulances throughout the 24 hours, and St. John Ambulance Brigade provided a night and week-end cover which filled the gap in the Health Department cover. This ambulance service, supplemented by the Hospital Car Service for outpatients, provided a reasonably sufficient service, but it was clumsy at times, from

the user's viewpoint, to bring into operation, and consolidation under the National Health Service has made it easier for the family doctor and others to obtain ambulance service.

1st January to 4th July:—During this period the ambulances provided by the City Council travelled 8,138 miles on ambulance work.

On 5th July the local ambulance services were merged to form the Combined Kent County Council and Canterbury City Council Ambulance Service, based on Canterbury, to serve the City and Bridge-Bleas Rural District, and beyond if required, within the co-ordination of local ambulance services in this part of Kent. The merging of the St. John Ambulance Brigade into the service did not involve vehicles, but several of the Brigade personnel became full-time driver-attendants to form a nucleus, with the local authority and hospital driver-attendants, of experienced personnel. Eighteen driver-attendants and one Ambulance Depot Clerk were engaged to operate a 24-hour service of all-purpose ambulances, equipped with five ambulances and one sitting-case car. (One of the ambulances has since been replaced by a sitting-case car.)

At first two ambulances were retained at the Kent and Canterbury Hospital as first-line vehicles, but later it was found that, with adequate communication through a direct telephone line to the hospital, it was possible and more convenient to centre all vehicles on the Ambulance Depot at Barton Court, Longport Street, Canterbury.

The Hospital Car Service supplements the ambulance car service and did excellent work in the transport of out-patients. Had this voluntary service shut down at the start of the National Health Service, the Ambulance Service would have been swamped. While the Hospital Car Service drivers receive a mileage allowance, their great service is time and friendly help, and both are beyond price. Thanks is especially due to the Area Transport Officer of the Hospital Car Service who is the king-post of that service, and who does all the arranging and organising, with no mileage allowance for his fountain pen.

Ambulances—Mileage	...	...	...	41,057
Patients carried	...	...	...	4,466
Hospital Car Service				
Canterbury Area—Mileage	...	...	...	26,972
Patients carried				470

The high Hospital Car Service mileage per patient indicates the value of this service in bearing a load of time and man-power consuming hospital transfer and other out-patient work, and so relieving the Ambulances of such diversion.

Diagram A shows the relative increase in the mileage of the Ambulances and of the Hospital Car Service. It shows that during the first six months of the National Health Service while there was a 12 per cent. to 16 per cent. increase in H.C.S. mileage the Ambulance Transport mileage increased by 200 per cent. Table VII shows that the increase was due to the great increase in out-patient transport. Putting

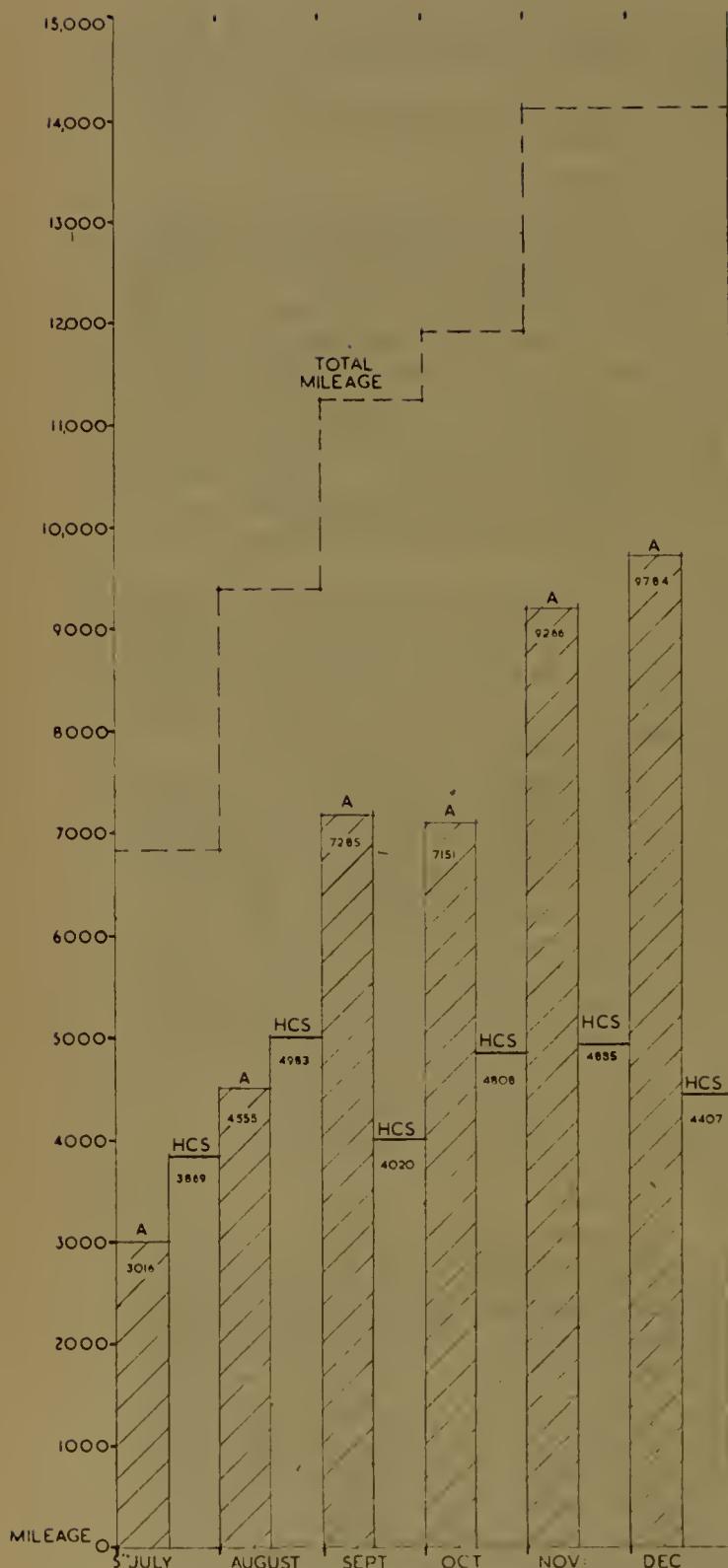


DIAGRAM A

TO SHOW RELATIVE INCREASE OF MILEAGE OF AMBULANCE AND OF HOSPITAL CAR SERVICE IN FIRST SIX MONTHS OF NATIONAL HEALTH SERVICE AND THE INCREASE OF TOTAL MILEAGE ON PATIENT TRANSPORT.

KEY

AMBULANCE SERVICE	HOSPITAL CAR SERVICE
A	HCS

aside the rather overstressed cases of abuse, this shows the benefit to the Hospital Service of the consolidated ambulance service, for many of these out-patients were patients brought in for continued treatment, and represented beds cleared for other hospital admissions.

TABLE VII.

To show the growth of Out-patient transport during the first six months of the National Health Service.

Ambulance Transport	Total Patients carried	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total
		230	369	762	849	1134	1122	4,466
	Outpatients only	35	159	509	651	872	840	3,066
	Admissions, Transfers and Accidents, etc.	195	210	253	198	262	282	1,400

Table VIII is included in the report to show the distribution of calls received by the Ambulance Depot over the 24 hours during the last three months of the year.

TABLE VIII.

To show the Distribution of Ambulance Calls over the 24 hours, October to December, 1948.

A.M.	Hours	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12
	Calls	3	4	7	3	3	3	0	5	147	399	304	359
P.M.	Hours	12-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12
	Calls	292	230	315	260	228	117	44	32	21	13	18	10

Section 28. Prevention of Illness, Care and After Care.

The arrangements which developed during the year under this section of the Act had no counterpart within the previous local authority services, except the help and encouragement given by the T.B. Assessment Officer dealing with Tuberculosis Allowances, and the provision of Ancillary Nourishment by the Public Health Committee to cases recommended for it by the Tuberculosis Officer. Tuberculosis Care and After Care had been carried out for many years by the Alford Aid Society, affiliated to the Kent Council for Social Service. The St. John Ambulance Association, Canterbury Corps, and the Alford Aid Society had all provided certain nursing requisites. invalid

chairs, etc., on loan, and St. John Ambulance Brigade and British Red Cross Society had done other good services coming within the scope of Care and After Care.

In order that we might not destroy or discourage anything that existed and yet to bring such organisations into the pattern of service under this section of the Act, the Local Health Authority created a Care Committee, formed of representatives of those organisations already in the field and of members of the Health Committee, and gave to it responsibilities for the Care and After Care of Tuberculous persons, the After Care of persons discharged home from hospital, in particular the aged, to assist recovery and re-ablement, and for the aid that might keep an infirm person from needing to go to hospital. The Authority also charged it with the maintenance for issue on loan of a supply of nursing requisites, outdoor shelters for the tuberculous, etc. . . .

The Care Committee so formed includes representatives of the Alford Aid Society, the British Red Cross Society Canterbury Division, the St. John Ambulance Brigade Canterbury Corps, and the St. John Ambulance Association Canterbury Branch, and has as Secretary the Administrative Assistant in the Health Department.

The Care Committee had four meetings in 1948. Assistance or advice was given to 13 cases, and 43 cases were provided with ancillary nourishment. Twenty issues of Nursing Requisites on loan were made.

Care and After Care has been expanded to include an interest in all illness. An expression of this interest is found in the growing linkage between the Almoner's Department of the Kent and Canterbury Hospital and the Health Visitors, and a similar connection with the Nunnery Fields Hospital, the Chronic Sick Unit for the locality. The arrangements with the Kent and Canterbury Hospital are that the Medical Officer of Health is given information on the treatment of City children of school age and under. Besides being of value for the child's records of development through pre-school and school years, it allows that where there are indications for it the Health Visitor may pay a friendly visit to ensure that the child has settled down after return home. This arrangement has proved to be a worthwhile one, for fitness for discharge from hospital is not always fitness to return to full childhood life again, and frequently relief of mind has been brought to the mother, by the arrival of a knowledgeable adviser. The Health Visitor puts the mother's mind at ease, if necessary after discussing the case with the Hospital, or ensures that the case comes under the family doctor's supervision again, or brings some other section of the Health Service into use to help the new situation.

For the adults the onus of approach is put on the Almoner's Department who seek the Health Visitor's help in the follow-up of cases discharged, as well as for information on the social background to a case before discharge.

A most constructive association with the Chronic Sick Unit at Nunnery Fields Hospital has developed. At their request we have

advised on the social circumstances of cases before discharge, and in some cases have brought in the Domestic Help Service, or the Voluntary organisations such as the British Red Cross Society's "meals on wheels" service to meet the situation of the return home from hospital. Help has been given also with the assessment of the relative urgency of cases awaiting admission.

In the case of tuberculous cases a full and constant interest is maintained through the T.B. Health Visitor and the Chest Physician, and the greater part of the Care Committee's work has been on these cases.

Grants are paid to the Voluntary Organisations working in the field of Care and After Care.

Health Education in the Prevention of Illness is described in a subsequent section of this Report.

Section 29. Domestic Help Service.

The Home Help Service provided prior to July, 1948, was transformed with little difficulty into the Domestic Help Service under the new Act. The title Home Help has been retained in describing the personnel as being a description more in keeping with their purpose than the "below stairs" title of the service.

At the end of 1948 the Health Authority had yet to appoint a Supervisor/Organiser for the Service (the deficiency is now remedied) and Home Helps were directed and needs assessed by a working combination of the Health Visitor and a clerk in the Medical Officer of Health's office, while payments were collected by the City Treasurer's Department.

In July the panel of three full-time Home Helps was increased to four and six part-time Home Helps were employed. Home Helps for maternity cases were booked at the time of booking a Midwife. In case of sickness a medical certificate stating the need was required unless the family doctor himself made the request. In the early months of the National Health Service a few maternity cases booked Home Helps but were found to have made other arrangements when the Home Help was sent. The loss of woman hours thereby was countered by requiring a small deposit towards the eventual assessment of charges at the time of booking a Home Help.

The use made of the Home Help Service before and after July was as follows:—

1st January to 4th July—18 cases attended by 3 full-time workers.

5th July to 31st December—47 cases attended by 4 full-time and 6 part-time Home Helps.

The 47 cases were made up of 26 Maternity cases and 21 others.

The costs incurred and recovered by assessment of charges were as follows:—

	1st January to 4th July.	5th July to 31st Dec.
Costs incurred	... £234/14/9	£431/13/0
Costs recovered	... £19/14/6	£97/13/1

Section 28 and 51. Mental Health Services.

Duties under this heading, until the inception of the National Health Services, were vested in the Visiting Committee and Committee for the Care of the Mentally Defective, with executorial responsibility in the Town Clerk's Department. Social work in the field was handled by the Kent Voluntary Association for Mental Welfare, and the duties of Duly Authorised Officer were carried out by the Relieving Officer with Mr. Fowler of the Town Clerk's Department as Deputy. The Kent Voluntary Association for Mental Welfare ran an Occupation Centre.

On 4th July the responsibility for the Mental Health Service including the Care and After Care of Mental Defectives passed to the Health Committee, who delegated executive responsibility to a Mental Health Services Sub-Committee, made up of three Council members of the Health Committee and two co-opted members, one of whom is the General Practitioner member of the Health Committee, and the other the co-opted member of the Visiting Committee and Committee for the Care of the Mentally Defective which previously had responsibility for these services and was dissolved at the inception of the National Health Services. The Committee meets monthly.

Thanks to the willing help and co-operation of the Town Clerk and his department the transfer of executorial responsibility was carried out gradually during the second six months of 1948, during which time the Administrative Assistant in the Health Department learned the duties of Petitioning Officer and Duly Authorised Officer under the tutorship of Mr. Fowler, who had many years of executive experience in the duties, and who at the end of 1948 continued as the other Duly Authorised Officer.

The need for a Mental Health Visitor has been met by an arrangement through the co-operation of the Kent County Medical Officer for the part-time service of the County Mental Health Visitor for the surrounding area. The Canterbury case records of the Kent Voluntary Association for Mental Welfare, which was dissolved, passed on to this Mental Health Visitor.

The after-care of cases of Mental Illness is carried out by the Psychiatric Social Worker of the St. Augustine's Hospital and the services of the Health Department have been declared available where these could be of help. On the after-care of Ex-service patients no special arrangement has been made, for it has been considered that in a compact authority such as this is, and with an Out-patient Psychiatric Clinic available at the Kent and Canterbury Hospital, the needs can be met locally.

The Occupation Centre was taken over from the Kent Voluntary Association for Mental Welfare on the 5th July along with the existing staff, who became officers of the City Council. The Centre is supervised by Miss Ford who is recognised as a qualified Supervisor by the National Association for Mental Welfare. She is assisted by Mrs. Acott who was sent to an instruction course for Assistants in the autumn of 1948. The Centre capacity on staffing is 30 places,

and vacancies are available for Kent County cases.

The premises in which the Centre is run are not very good for the purpose, being the semi-basement hall and parlour of the Presbyterian Church, but recognising that the greater part of the equipment used belongs to the Church and that the Centre has been housed there for some years, we are grateful for these facilities. During the year play space was arranged for the centre in part of the Moat Gardens. The City Council have agreed a proposal to transfer the Centre to part of St. Mildred's Church School which has been given up for educational purposes but can be adapted to serve satisfactorily for this purpose, and where there will be better out of door facilities and segregation from traffic danger.

The Ambulance Service has met all calls from Duly Authorised Officers or otherwise to do with these services, but so far the Regional Hospital Board has not found it possible to promise the services of trained staff from mental hospitals to help with the removal of persons of unsound mind. Control of the patient during removal is therefore in the hands of the Duly Authorised Officer and is sometimes an unpleasant task. The personnel of the Ambulance Service include female driver attendants and they have been of great assistance with the removal of females of unsound mind.

Action on Cases.

(A) Lunacy and Mental Treatment Acts.

From the 5th July to the end of the year Duly Authorised Officers investigated 31 cases of mental illness.

Sixteen cases were certified and admitted to St. Augustine's Hospital under Section 16 of the Lunacy Act, 1890, and one case was admitted as a "Three Day Order" under Section 20 of the same Act. Four other patients were admitted as voluntary patients. In the ten remaining cases statutory action was found to be unnecessary, in two cases however, admission to Nunnery Fields Hospital for the Chronic Sick was arranged as it was felt that institutional care was needed.

(B) Mental Deficiency Acts.

A.

Cases under Guardianship (under order)	...	...	5
" " Statutory Supervision (excluding cases on licence)	...	...	14
" " Friendly Supervision	...	...	17
" awaiting admission to institutions	...	...	2

B.

Cases in attendance at the Occupation Centre (Canterbury cases only)	7
--	-----	-----	---

C.

Cases reported by the Local Education Authority (Section 57 Education Act, 1944)	...	2
Total cases ascertained during the year as "subject to be dealt with"	...	2
Other cases reported, not "subject to be dealt with" but in which Statutory action may be necessary later	...	3

D.

Cases " subject to be dealt with " placed under Statutory Supervision	...	...	...	2
Cases not " subject to be dealt with " placed under Friendly Supervision	...	...	...	3
Cases removed from supervision	...	...	...	4
Deaths of Mental Defectives under supervision	...	...	...	1
(C) Ambulance Journeys.				
Conveyance of cases to hospital and use by Duly Authorised Officers	...	...	...	24

Health Education.

In the sphere of Health Education the work of the Health Department has three aspects; (a) the issue or display of Health Education literature; (b) word of mouth instruction both individual and in groups through clinics and home visits, and (c) talks to community groups or organisations.

"Better Health," a monthly publication of the Central Council for Health Education is circulated to schools, City Council members, through all Clinics and over the counter at the Health Department. It is a popular issue and has a wide influence for good.

Pamphlets and posters for display are issued and displayed in Clinics and the Health Department, with wider circulation at time of epidemic prevalence of disease. The distribution and displays are varied according to the seasonal fluctuation of disease or any push on one line of health education.

It is recognised that a plant will not flourish without feeding, and technical periodicals are supplied to the Nursing Staff, and a small library of text books has been formed to assist them with their educational work.

During the year the public interest in and need for information on the new National Health Service was recognised in many ways. In April the Chairman of the Health Committee addressed a meeting of mothers and others in the Welfare Centre on the National Health Services, and spoke to other groups, including a meeting of youth in the Slater Hall. The Medical Officer of Health gave talks on eight occasions to groups varying from a few mothers in a parlour meeting to larger gatherings in public halls. The full staff of the Health Department and Local Health Services met on several occasions to discuss the development of the new services, their progress and their integration with the General Medical and Hospital services.

In addition to all this the local health service schemes were reproduced in an easily understood form of question and answer and this was duplicated. Over 500 copies were handed out in book form to the public and interested bodies from July onwards.

As the year ended the Department was preparing a loose leaf booklet setting out the details of the local health services for issue to family doctors, schools, hospitals, clubs and societies, and other community groups.

Section 47. National Assistance Act, 1948.

(Orders for the removal of persons who by reason of grave or chronic illness or infirmity, etc., are in need of care not otherwise available). This has introduced an interesting but seldom pleasant duty for the Medical Officer of Health. Its usefulness is not so much in the power it gives, which is clumsy in its application in any case, so much as in the possibility it presents of bringing into play the services of Home Nurses and Home Helps to meet the needs of this neglected group in the community. The conflict of pride and limited physical capacity overwhelmed by the dust of time and the debris of existence presents a distressing picture, often exaggerated by the withdrawal of the person into a hermit-like existence laid seige by an imaginary world of misunderstanding. The rebuff is the rule in the reception of the Medical Officer of Health, for he comes late into the picture. In time the measure of the success of the Care and After-Care services referred to in an earlier section of this Report will be the absence of any action under this section.

On three occasions I was called to investigate cases of old persons living alone and considered to be incapable of looking after themselves. In one case an adamant old woman, suffering from advance heart failure was living in infested conditions of dwelling and person. She eventually agreed to removal to hospital by ambulance under pressure from her family doctor.

The other two cases were occupants of almshouses. In one the coincidence of acute urinary retention made it possible for me to send the man by ambulance to hospital with his full concurrence. In the other, action preliminary to bringing the case to the magistrates for an order was thought best, as she refused to avail herself of medical care freely available under the National Health Service. A letter was sent from the Town Clerk indicating the possible course of action and she took the necessary steps. The case is still under observation and may eventually require action, for she refuses all aid through District Nurses and Home Helps, and depends on the good offices of a neighbour not now able to help.

Thus although no orders for removal were made under Section 47 of the National Assistance Act, three cases were dealt with.

REPORT OF THE SANITARY INSPECTOR FOR THE YEAR 1948

Sanitary Inspector's Office,
20a Stour Street,
Canterbury.

*To His Worship the Mayor, Aldermen and Councillors of the City and
County Borough of Canterbury.*

Mr. Mayor, Ladies and Gentlemen,—

I have pleasure in presenting the report on the sanitary inspection services carried out during 1948.

The environmental health services may have been temporarily eclipsed by the coming into operation of the new and very valuable medical services during the year, but the two services are very closely related. It would be foolish to say that if there were an abundance of clean, wholesome food; a satisfactory home and clean air for everyone, there would be no need for hospitals, but I would go so far as to say that we are not going to get the best out of the finest medical services if clean food and clean air are lacking and housing conditions are unsatisfactory.

Of late there has been a change in some of the foodshops in the City, and much as enterprise is to be welcomed, I consider the encroachment of the grocer into the dried fish trade and the butcher into the wet fish and vegetable trades is not in keeping with ancient traditions and cannot be commended and may lead to contamination.

I should like to record my indebtedness to the Chairman and Members of the Public Health Committee and the Sanitary and Licensing Committee for the sympathetic consideration they have given to the suggestions put before them, and my thanks are due to the Medical Officer of Health, my colleagues Mr. A. R. Clark and Mr. R. G. Goodbody, and the staff of the Department for their help and co-operation during the year.

I am,

Your obedient servant,

T. L. MARTIN,

Senior Sanitary Inspector.

Return of Sanitary Work for the year 1948.

No. of complaints received and investigated 651

Inspections.

Houses inspected under Housing Act, etc.	...	...	...	246
Visits to drainage systems	...	...	...	703
Drains tested	...	...	...	117
Infectious diseases	...	...	...	103
Tuberculosis cases	...	...	...	3
Keeping of animals	...	...	...	13
Cowsheds	...	...	...	56
Fish Fryers	...	...	...	16
Ice Cream Premises	...	...	...	171
Bakehouses	...	...	...	62
Food shops	...	...	...	178
Sampling under Food and Drugs Act	...	...	...	66
Food examined and surrendered	...	...	...	214
Marine stores, etc.	...	...	...	6
Milk shops and dairies	...	...	...	151
Premises, as to provision of refuse receptacles	...	...	...	312
Premises, with reference to rat infestation	...	...	...	175
Repairs to property	...	...	...	2455
Restaurants	...	...	...	102
Slaughterhouses	...	...	...	35
Shops Act	...	...	...	10
Factories and Workshops	...	...	...	193
Accumulation of rubbish	...	...	...	12
Smoke observation	...	...	...	5
Smoke abatement	...	...	...	1
Overcrowding	...	...	...	12
Applications for Council Houses	...	...	...	361
River Pollution	...	...	...	33
Dirty Premises	...	...	...	3
Verminous rooms	...	...	...	52
Housing Survey	...	...	...	50
Fertilizers and Feeding Stuffs	...	...	...	7
Rent Restriction	...	...	...	4
Cinemas	...	...	...	8
Meat Inspection	...	...	...	35
Miscellaneous	...	...	...	596
Total	...	...	...	6566

Improvements.

Houses at which drains were repaired	...	...	...	...	67
Houses at which drains were renewed entirely	...	...	...	...	7
Choked drains cleared	...	...	...	...	30
Intercepting traps fixed	...	...	...	...	7
Gully traps fixed	...	...	...	...	19
Inspection chambers built, new covers provided and rendered					24
Fresh air inlet valves fixed	...	...	...	...	4
Soil and vent pipes fixed or repaired	...	...	...	...	14
W.C.'s pans fixed	...	...	...	...	84
Additional W.C.'s built	...	...	...	...	20
W.C. compartments ventilated	...	...	...	...	1
New flushing cisterns provided	...	...	...	...	21
Flushing cisterns repaired	...	...	...	...	23
Sinks renewed	...	...	...	...	29
Eaves gutters and fall pipes repaired or renewed					66
Roofs repaired	...	...	...	...	149
Stoves repaired or renewed	...	...	...	...	84
Water supply pipes repaired or renewed	...	...	...	...	17
Rooms cleansed and/or disinfected	...	...	...	...	47
Sash cords renewed	...	...	...	...	120
Window frames repaired	...	...	...	...	106
Wall and ceiling plaster repaired	...	...	...	...	211
Rooms re-decorated	...	...	...	...	115
Dampness in walls remedied	...	...	...	...	174
Yard paving renewed	...	...	...	...	37
Wash coppers repaired or renewed	...	...	...	...	36
Doors repaired	...	...	...	...	56
Floors repaired	...	...	...	...	84
Staircases repaired	...	...	...	...	10
Sub floor ventilation provided	...	...	...	...	3
Sanitary bins provided	...	...	...	...	55
Improvements in food premises	...	...	...	...	37
Improvements in factories	...	...	...	...	12
Chimney stacks repaired	...	...	...	...	21
W.C.'s repaired or rebuilt	...	...	...	...	16
External rendering repaired	...	...	...	...	7
Brickwork repaired or rebuilt	...	...	...	...	8
Firegrates renewed	...	...	...	...	1
Inspection chambers repaired	...	...	...	...	2
Miscellaneous	...	...	...	...	99
Total	...	...	...	...	1956

Housing Acts.

Number of New Houses erected during 1948:—

(1) Permanent new houses erected by the Council (including 74 aluminium bungalows)	218
(2) War-damaged houses re-built by Ministry of Works Mobile Labour Force	18
(3) War-damaged houses re-built by private enterprise	13
(4) New houses erected by private enterprise ...	35

	284
Houses demolished	16

Net increase in number of houses ...	268

Notwithstanding the continued excellent progress in the provision of new houses the demand to be re-housed appears to be as keen as ever. The new houses with their modern kitchen appliances have helped to increase the dissatisfaction of the tenants of old houses in the City. That fact coupled with the increase in wages of the manual workers has quite naturally created a demand for something better in the way of a house. The old house at 6, 7 and 8 shillings a week inclusive rental is not good enough and the owner with the high cost of building labour and material is reluctant to spend money on repairs, especially when the future life of the property is uncertain. In fact, the ownership of poor class properties has become such a liability that, in contrast to the pre-war years when landlords fought to retain their houses when slum clearance was contemplated, they are now asking for their houses to be condemned.

The policy adopted is, unless the house is so bad that its existence cannot be tolerated any longer, to ask for the bare minimum of repairs, because it is realised that as soon as a separate house has been provided for each family, slum clearance and re-housing should proceed with all possible speed.

There is no evidence of widespread overcrowding according to the Housing Act standard, but many of the young married couples sharing houses with relatives are very near to being overcrowded. Some of the evidence of persons sharing houses suggests that the discord and mental strain in these cases might be more detrimental to health than cases of actual overcrowding in normal families living in houses with rooms well above the 110 sq. ft. standard.

Still another group of families requiring new houses are those living in houses in respect of which undertakings not to re-let have been given or Demolition Orders have been made. There are 10 families in these houses, and although the Council are not legally compelled to re-house these persons in times like the present with the great scarcity of houses, it must be admitted that there is a moral obligation to do so.

Sixteen of the thirty derelict and ruinous houses, a legacy of previous action under the Housing Act, were pulled down during the year and work was in progress on ten more at the end of the year.

Efforts will be made to clear away the remaining houses of this type because apart from their unsightliness they are detrimental to health in that they are dumps for rubbish and likely to attract vermin.

1. Inspection of Dwelling-houses during the year :

(1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	246
(b) Number of Inspections made for the purpose ...	2455
(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	50
(b) Number of Inspections made for the purpose ...	50
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	5
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation ...	241

2. Remedy of Defects during year Without Service of Formal Notices :

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authorities or their officers	317
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3. Action Under Statutory Powers during the year :

A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936:—	
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	1
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—	
(a) By Owners	1
(b) By Local Authority in default of Owners ...	—

B.—Proceedings under Public Health Acts:—

(1) Number of dwelling-houses in respect of which statutory notices were served requiring defects to be remedied	67
(2) Number of dwelling-houses in which defects were remedied after service of formal notices:—	
(a) By Owners	53
(b) By Local Authority in default of Owners ...	6

C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936:

(1) Number of dwelling-houses in respect of which Demolition Orders were made	5
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	16
D.—Proceedings under Section 12 of the Housing Act, 1936:	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made ...	—

Water Supply.

The Canterbury Gas and Water Co. own the water undertaking and maintain a very satisfactory supply as regards quantity and quality to all except 6 houses in the City.

The supply is collected from deep wells in the chalk and is partially lime softened by the Company. A minimal dose of chlorine is given more to keep the apparatus in first class working condition for an emergency than because the supply normally requires it.

Eleven samples of water from houses in various parts of the area were submitted for bacteriological examination and in every case the Pathologist reported the water to be good and B. Coli (presumptive) were absent in 100 c.cs. Monthly samples of raw water were examined bacteriologically for the Company by the Public Analyst who found B. Coli to be absent in 100 c.cs. in every instance.

There is no plumbo solvent action and the water is free from contamination.

Of the 6 houses without a piped supply from the town's mains :

1 house takes water from a spring.

5 houses have well water and samples have shown the water to be free from recent faecal contamination.

During the year the water main in Stodmarsh Road was extended after the Council had given a guarantee to the Canterbury Gas and Water Co., under the Water Act 1945 and 16 houses which hitherto depended on well water and roof water, now have a public water supply.

The City Analyst reporting on 11 samples of water sent to him for chemical analysis states that the supply is, as usual, very pure organically. The following is a typical copy of the Analyst's report :—

Appearance	Clear
Smell	Normal
Chlorine and Chlorides	1.47
Phosphoric Acid in Phosphates	None
Nitrogen in Nitrates	0.38
Ammonia	0.0007
Albuminoid Ammonia	0.0011
Oxygen absorbed in 15 minutes	Trace only
Oxygen absorbed in 4 hours	0.008
Hardness before boiling (Total)	9.1
Hardness after boiling (Permanent)	3.7
Total Solid Matter	13.30
Microscopic Examination of Deposit	Slight Chalk only

Metallic Impregnation (Copper Lead, Zinc)	None
--	------

Remarks.—The above sample from the Public Supply is, as usual, very pure organically and free from sewage percolation.

Inspection of Food.

Home killed meat is brought from an abattoir in Woolwich to a depot in the City for distribution in Canterbury and the adjoining

areas hitherto served by the Canterbury Slaughterhouses up to their closure in September, 1947.

The Council have been in negotiation with the Ministry of Food for the erection of a modern abattoir in the City and it is regretted that nothing tangible has yet resulted. There can be no doubt of Canterbury's ideal situation in the centre of the agricultural area of East Kent.

The transport of home killed meat is not satisfactory in that beef carcasses are dragged about the floor of the van and no matter how frequently the floor is scrubbed there is always a serious risk of contamination from the boots of the employees. The difficulty of attempting to suspend heavy quarters of beef from hooks inside the van so as to keep the meat off the floor is fully understood. At the same time, however, if home killed meat is to arrive in the butcher's shop free from contamination after much transporting about, it is obvious that a different type of van to that in use will have to be made available.

392 visits were paid to meat shops and food preparing premises and in addition to renovation work and minor repairs 2 premises were completely modernized.

13,146 lbs. of food comprising—

Meat	...	...	...	1,422 lbs.
Fish	...	...	...	2,173 lbs.
Other foodstuffs (mainly tinned food)	...	...	...	9,551 lbs.

were found to be unfit for human consumption.

Knackers Yards.

There are two Knackers Yards carrying on business in a small way. Inspections have shown the premises to be kept in a satisfactory condition and the businesses conducted in a clean manner.

Bakehouses.

The number of bakehouses in the City at the end of the year was 29. One bakehouse was much improved and several more of the older bakehouses require modernizing and bringing up to date. Minor repairs and defects such as overdue limewashing discovered during inspection were remedied upon the occupier's attention being called to them.

Fish Frying Premises.

There are 8 fish fryers in the City. Sixteen inspections made during the year showed the businesses to be satisfactorily conducted. One shop was modernized and minor defects discovered were readily attended to.

Suggestions to be borne in mind for these premises include the conversion from solid firing which is objectionable in that the fires are fed from the interior of the shop and there also may be a smoke nuisance unless the firing is carried out in a careful manner.

Restaurants.

102 visits were paid to restaurant kitchens and in practically every case the standard was of a high order. Extensive improvements were carried out in 4 kitchens and several others have mentioned that they are anxious to modernize their kitchens as soon as possible. Every opportunity has been taken to stress the importance of the clean handling of food by persons engaged in its preparation or distribution and special attention is being given to the provision of washing facilities for the staffs.

The supply problem is blamed for the continued use of chipped and cracked crockery, but at the same time hygiene could be improved by more use of the final hot rinse in washing up to eliminate the old-fashioned tea cloth.

Food and Drugs Sampling.

As in previous years Mr. E. S. Hawkins, O.B.E., B.Sc., A.R.C.S., F.R.I.C., continued to act as Public Analyst and the close proximity of his Laboratory to the Department definitely enables personal contact to be made within a few minutes and cuts out the delay which would follow between sampling and the receipt of the samples by the Analyst if the Laboratory was some miles distant from the City.

The following 159 articles of food were submitted for chemical analysis:—

Article	No. of samples		Number genuine	Samples adversely reported upon
	Formal	Informal		
*Milk 54	16	63	160, 163, 166, 188, 190, 193, 206, 223.	
Biscuits —	1	1		
*Pork pies —	2	—	131, 132.	
Cheese —	1	1		
Full Cream sweetened milk —	1	1		
*Cider —	1	1		
*Cake —	1	1		
Pepper 7	—	7		
Compound pepper condiment —	1	1		
*Gelōzone —	1	1		
Caramel cake powder ... —	1	1		
Dried egg —	1	1		
*Dehydrated onion powder —	1	1		
*Almond substitute —	2	2		
Hiera picra —	1	1		
Saccharin —	1	1		
Cinnamon —	1	1		
Ground nutmeg —	1	1		
*Dried mint —	1	1		
*Tomato Ketchup —	1	1		
Custard powder —	1	1		

Article	No. of samples		Number genuine	Samples adversely reported upon
	Formal	Informal		
*Dessert sauce powder	...	—	1	1
*Sweetening powder	...	—	1	1
*Corned beef	...	—	1	— 192
*Beef sausages	...	5	—	5
*Pressed chitterlings	...	1	—	1
*Sauces and Ketchup	...	—	7	7
*Potato powder	...	—	1	1
*Pickles	...	—	2	2
*Ice Cream	...	—	9	9
*Salmon and anchovy paste	—	—	1	1
Golden raising powder	...	—	1	1
*Lemexa	...	—	1	1
*Gelatine	...	—	1	1
*Jam and marmalade	...	—	7	7
*Squashes and cordials	...	7	1	8
Mixed spice	...	—	1	1
Rolled oats	...	—	4	4
*Vinegar	...	5	—	4 305
Baked beans	...	—	4	4

Remarks.

Sample Nod. 131 and 132—

Pork pies containing an unpleasant odour of fish in the filling. Rest of stock surrendered. Vendor cautioned.

Sample Nod. 192—

Sample of corned meat containing abnormal flavour. Tin apparently sound. Contents destroyed.

Sample Nod. 160 and 166—

Both milk samples from same retailer. Both 3 per cent. short of fat. Samples of milk taken before delivery to retailer were slightly deficient in fat. Morning's milk from pedigree Ayrshire herd.

Samples Nod. 163, 190, 193, 206—

Milk samples 7 per cent., 12 per cent., 7 per cent. and 5.3 per cent. deficient in fat respectively. All morning's milk from same producer retailer. Uneven hours of milking responsible for deficiencies because samples of afternoon's milk contained more than 4 per cent. fat. Several interviews with vendor who eventually stopped retailing.

Sample Nod. 188—

Milk 7 per cent. deficient in fat. Appeal to cow sample also deficient.

Sample Nod. 223—

Channel Islands milk containing 3.8 per cent. fat against prescribed standard of 4 per cent. Vendor cautioned.

Sample Nod. 305—

Vinegar 19 per cent. deficient in acetic acid. Casked vinegar which had undergone deterioration with age. Stock destroyed and vendor cautioned.

The average composition of 70 samples of milk (excepting Channel Islands milk) was 3.56 per cent. fat and 8.81 per cent. solids not fat which is well above the prescribed standard of 3 per cent. and 8.5 per cent.

All the unsatisfactory milk samples were obtained between the middle of April and early July and in addition to the samples with the fat deficiencies already mentioned, 10 samples were slightly deficient in solids not fat, but in each case the Analyst stated the deficiency was not due to added water. The Analyst states that the results may be expected from certain breeds of cattle at this time of the year and further that the cows have felt the effects of poor feeding. Another factor is the uneven hours of milking which has resulted in the morning's milk from herds such as those mentioned, being deficient in fat over a long period. This deficiency is smoothed out when the morning's milk is mixed with the afternoon's rich milk before sale, but in those instances where the milkings are bottled separately, half of the customers are receiving milk containing less than the prescribed standard of 3 per cent. fat and as much as 33 per cent. less fat as those who receive afternoon's milk from the same herd. Yet no legal action can be taken because the milk is as given by cows. Such an unsatisfactory state of affairs should be borne in mind when new food and drugs legislation is contemplated.

Public Health (Preservatives in Food) Regulations.

The samples of food marked * in the preceding table were also examined under the above Regulations, and in no case was there any contravention.

Milk.

Production.

During the year one Accredited cowkeeper who milked on the bail principle throughout the year gave up business. One new cowkeeper was registered and at the end of the year there were seven cowkeepers with a total of 170 cows. There are now 4 cowkeepers holding licences granted by the City Council to produce Accredited milk and 14 samples were obtained and submitted to the methylene blue test prescribed by the Milk (Special Designations) Order. It is a pleasure to be able to record that all the samples satisfied the test for keeping quality.

Seventeen samples of ordinary milk were subjected to the methylene blue test for keeping quality and all but two satisfied the test for Accredited milk. In the case of the two defective samples the method of cleansing the equipment were overhauled and follow-up samples proved to be satisfactory.

Thirty-six samples of milk (14 Accredited, 3 Pasteurised, 2 Heat Treated and 17 Ordinary) were obtained for biological tests, and the County Pathologist reported all the samples with the exception of one Accredited milk to be free from tubercle bacilli. This defective sample came from a herd belonging to a producer retailer and a cow suffering from a tuberculous udder was removed from the herd and slaughtered. Until the results of the follow-up samples became available 6 weeks later the milk from the other cows was pasteurised before delivery.

Distribution.

There are 12 milk retailers in the City. Two firms with holder type pasteurising plants are licensed by the City Council to pasteurise milk. A third firm with a flash pasteurising plant is licensed by the Ministry of Food to produce heat treated milk, and during the year the following 53 samples of pasteurised and heat treated milk were sent to the City Analyst for examination.

	Passed		Failed	
	Phosphatase test	Methylene blue test	Phosphatase test	Methylene blue test
Pasteurised Milk	28	29	1	—
Heat treated Milk	19	24	5	—

Official warnings by the City Council were given to the firm where samples failed the tests, and the attention of the Ministry of Food as licensing authority was called immediately to failures in the heat-treated milk.

The heat treatment dairy is being re-built and the pasteurising plants were in the process of being modernized at the end of the year. Considering the age of the pasteurising plants the results of the samples taken are very satisfactory and reflect credit on the operators.

Of the milk delivered in the City, it is estimated that approximately 90 per cent. is either tuberculin tested or has been submitted to a pasteurising process.

The objectionable method of delivering milk by hand-can is still carried on to a very minor extent by some of the small retailers. Efforts are still being made to secure the distribution of all milk in

containers filled and sealed in the dairy, but the old practice dies hard with the older generation of milk roundsmen. In the meantime, the public can help considerably by asking for their milk to be delivered in sealed containers instead of by the hand-can method, which exposes the milk to serious contamination every time the lid is removed from the can.

It is pleasing to be able to record that 2 firms are installing the latest type of metal foil seal which completely covers the opening of the bottle and thereby reduces the chances of contamination.

Milk in Schools Scheme.

19 of the samples of milk taken for methylene blue and phosphatase test were from milk bottled for consumption in schools. All the samples passed the test for keeping quality and the samples of pasteurised milk all had been properly pasteurised, but 3 of the heat treated milks failed the phosphatase test.

Milk (Special Designation) Order 1936 to 1946.

The following licences were granted by the City Council under the above Orders:—

To produce Accredited Milk	...	...	4
To pasteurise Milk	...	...	2
To bottle Tuberculin Tested Milk	...	...	2
Supplementary licence to retail Tuberculin Tested (Certified) Milk	...	...	1

Ice Cream.

There are 7 premises registered for the manufacture and sale of ice cream and 22 for the sale of ice cream. Only 6 of the manufacturers have carried on business during the year and 55 samples of ice cream were submitted to the methylene blue test in 1948. When considering the following results, it should be borne in mind that the methylene blue test for ice cream is an innovation and that it is not yet a statutory test. The authors of the test point out that it is provisional, and considerable adverse criticism of the test has been made both by traders and public health officers, but my opinion after considering the rather limited number of samples taken, is that the test is perhaps rather exacting, but it does over a period confirm one's assessment of cleanliness by inspection.

The 55 samples were classified as follows:—

	1947 sampling for comparison.		
Grade 1—24 samples	5
Grade 2—12 samples	12
Grade 3— 7 samples	10
Grade 4—12 samples	9

The results of Canterbury manufactured ice cream may be summarised as follows:—

Manufacturer.	Number of samples.			
	Grade 1	Grade 2	Grade 3	Grade 4
A	3	3	—	1
B	5	1	—	—
C	4	1	1	5
D	3	5	1	4
E	2	—	4	2
F	3	—	—	—

The sampling was not spread evenly over the manufacturers, but concentrated upon those whose examples were falling into Grade 3 and 4, so therefore the results are not in fact so bad as they would at first appear.

The manufacturers are most anxious to produce a satisfactory article and 4 of the premises were modernized during the year, but lack of delivery of some items of equipment is holding up the completion of the jobs.

Attempts were made to find the cause of the unsatisfactory samples by taking sterile rinsings of the equipment and by watching the process from start to finish. Samples taken from such ice cream were in two instances of grades 1 and 2 and during 1949 it is hoped to spend more time on this supervising work. Needless to say if the results of supervised processes show a marked improvement over unsupervised processes over a period, the Council will be well entitled to ask for an explanation from the manufacturers concerned.

Samples were also submitted for chemical analysis and the fat content of ice cream made in Canterbury ranged between 2.9 per cent. and 8.2 per cent. and the solids-not-fat between 15.5 per cent. and 24.5 per cent., the average being 4.3 per cent. fat and 20.3 per cent. solids-not-fat. Some of the ice cream brought into Canterbury with a fat content of 1.3 per cent. and 21.6 per cent. solids-not-fat was definitely inferior to the local products.

One bad feature of the old ice cream days which is still present is the practice of selling wafers and cones from vehicles in the street. The introduction of legislation forbidding the selling of loose ice cream except in cafes and restaurants is long overdue, but in the meantime the public could help by buying only pre-packed ice cream in public thoroughfares.

The premises of a person who applied for registration as a manufacturer of ice cream were considered to be unsuitable and a Notice was served under Sub-section 3 of Section 14 of the Foods and Drugs Act, 1938. After due consideration and as the applicant failed to show cause to the satisfaction of the Council, the application was refused.

Factories Act, 1937.

1.—INSPECTIONS.

Premises	Number on Register	Number of		
		Inspec- tions	Written notices	Ocupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	45	123	17	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	101	69	6	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	1	1	1	—
TOTAL	147	193	24	—

2.—CASES IN WHICH DEFECTS WERE FOUND.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness	9	5	—	—	—
Crowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Inadequate drainage of floors	—	—	—	—	—
Want of Conveniences:					
(i) Insufficient	6	6	—	2	—
(ii) Unsuitable or defective	8	8	—	—	—
(iii) Not separate for sexes	—	—	—	—	—
Offences against the Act (not including offences relating to Outwork)	—	—	—	—	—
TOTAL	23	19	—	2	—

Rodent Control.

Two part-time rodent operators are employed by the Council and the methods used are those recommended by the Infestation Branch of the Ministry of Agriculture.

As in previous years the townspeople co-operated in reporting the presence of rats and there is no doubt that the Council's decision to make no charge for ridding private and business premises of rats, providing there is no neglect on the part of the occupier, encouraged people to report the first signs of vermin. 143 complaints were received as against 58 the previous year and 116 infestations were found in adjoining premises and in other premises which are frequently inspected because of their susceptibility to rats.

Maintenance treatments of the sewers were carried out in March and September. Emphasis was made on areas previously infested and with the manholes baited in other parts of the town, more than 25 per cent. of the total manholes were baited. Baiting was continued in manholes showing any "take" and also in adjacent manholes and 21 manholes were subsequently baited with bread mash and arsenious oxide.

The operators, who also assist with other public health work, were kept fully occupied and the following is a summary of the rodent work carried out during the year:—

Visits to dwelling houses	...	...	904
Visits to other premises	...	...	529
Estimated number of rats killed			871
No. of premises cleared—			

Rats.

Houses	...	...	127
Business premises	...	...	48

Mice.

Houses	...	...	54
Business premises	...	...	28

The rat population is being kept at a low level, but there is no room for complacency and nothing short of more frequent visits to the places likely to attract rats and the continued co-operation of the occupiers will reduce the rat population still lower. At the end of the year the Council under the threat of receiving no grant from the Ministry of Agriculture resolved to charge for rodent control work at business premises. It is yet too early to state whether this will lead to a decrease in the number of complaints from occupiers of business premises. Of late emphasis has been laid on the destruction of food by rats, but the danger to public health by rodent contamination, visible and invisible, is of prime importance to health officials. Providing every householder and every occupier of business premises will take reasonable steps to make his premises rat proof and provide as little harbourage as possible, the most successful approach to the problem is to have the co-operation of everyone and to welcome complaints of rodents as soon as they are noticed and to provide an efficient service. It is my opinion that this

co-operation will more readily be forthcoming if the service is free. The official approach is to charge for treatment and to have staffs searching for rats, but this I venture to suggest cannot be as effective as having everyone searching and the rats caught free. Further, too much official searching can bring the service into derision as it requires little imagination what will be the comments from some business managers if after visits from several inspectors in quick succession, the rodent operator calls to enquire if he has got rats.

River Pollution.

Frequent observations were made of the River Stour to detect pollution and 3 samples of river water were taken for analysis when pollution was apparent. A very serious pollution took place in September when as a result of an accident at a local works a considerable amount of tarrey liquids found their way into the river and proved very destructive to fish life. The Analyst commenting on the samples stated that the waters gave tests of the grossest pollution with Phenolic compounds and that they were highly toxic to life in the river and likely to be extremely poisonous to fish.

The Council after considering the occurrence issued a strong caution to the Company, who made restitution for the loss of fish.

Fertilisers and Feeding Stuffs Act, 1926.

The following 9 formal samples and one informal sample of general purposes fertilisers were sent for analysis by Mr. E. M. Hawkins, the Public Analyst and Official Agricultural Chemist.

- 5 samples superphosphate.
- 2 samples dried blood.
- 1 sample bone meal.
- 1 sample basic slag.

All the samples with the exception of one of dried blood were satisfactory and in this case the vendor declared the amount of ammonia present and not the nitrogen as required by the Act. An official warning was given.

Dustbins.

Attempts were made to secure the removal of some of the very unsightly and insanitary refuse receptacles which had become numerous during recent years, but a setback occurred when the owner of 3 houses won his appeal against the Notices which had been served upon him to provide dustbins.

Later in the year the dustbin procedure was re-modelled on the lines adopted by another Council which had been successful in resisting appeals. 70 preliminary notices to provide dustbins were sent and 25 bins were supplied. In the remaining 45 cases all relevant information together with the observations of the owner and tenant, was

tabulated for each house. 42 of the houses were very much the same and the Council authorised statutory notices to be served upon the owners. The other 3 were in a different category and the tenants were asked to supply bins. The owner of 4 houses and another owner of 3 appealed against the Notices and the appeals were allowed. In the other cases the owners complied with the notices except in 6 cases and these were supplied in default by the Council.

Apart from the time spent on attempting to secure the provision of an essential amenity to these houses, it is rather disconcerting to find appeals in respect of notices relating to properties apparently the same being treated in different ways in various parts of the country. The nuisance from insanitary dustbins is not confined to the houses without proper receptacles and the section of the Public Health Act which states the notice shall be served upon the owner or occupier could with great advantage to the local authority and to the public health staff be altered so that only one of the persons mentioned is responsible for providing the bin.

Disinfection.

Seventy-seven rooms and sets of bedding were fumigated after infectious disease or on the request of the occupiers after the occurrence of cancer, etc., and one set of bedding was destroyed upon request.

Formalin preparations are used in the work of disinfection and the Department has the use of the steam disinfecter at the Municipal Hospital when required.

Verminous Houses.

Number found to be verminous and disinfested by the Public Health Department staff:—

Council houses	...	...	...	21
Other houses	...	...	...	18

Various proprietary preparations, mainly D.D.T., and Gam-mexane, are used and the results have shown these preparations to be effective in controlling the insect pests found in properties.

In the early part of the year the Council considered means of preventing the spread of vermin into their properties and eventually the following plan was put into operation:—

- a. The furniture and effects of every prospective tenant is inspected before the keys for the house are handed out.
- b. Before occupation commences every Council house, old or new, is sprayed with a D.D.T. preparation in order to kill any vermin missed in the survey.

218 houses of prospective tenants have been inspected and I should like to acknowledge the assistance of colleagues in other districts who have very kindly assisted by carrying out inspections before tenants moved into Canterbury. 10 verminous houses were discovered

and in these cases the contents of the houses were fumigated by the Department before tenants were allowed to move into the new houses.

Precautionary spraying was done in 203 unoccupied houses and the substances used must have been effective against flies because several tenants when interviewed after a few weeks' occupation stated they could not understand why dead flies were constantly being found on the floors.

At first there was doubt as to how prospective tenants would accept the inspection prior to removal, but up to the end of the year there had only been one refusal. On the other hand many persons have welcomed the inspection and appear to be delighted at the steps being taken to prevent the spread of vermin.

SCHOOL HEALTH SERVICE

School Medical Officer's Report for 1948.

Mr. Chairman, Ladies and Gentlemen,—

The report which follows does not disclose the changes that occurred during 1948 in the relation of the School Health Service to the General Medical and Hospital Services on the inception of the National Health Services in July of that year. The emancipation of the patient which came about with the latter removed many of the duties of the School Health Service to provide treatment and substituted a duty to see that advantage was taken of treatment otherwise provided. I have heard doubts expressed of the necessity for a school health service now that medical and specialist attention is freely available. Such a doubt shows a poor appreciation of the work done, and of the improvements in the health of the school leavers that have resulted from a system of periodic medical examinations, of annual inspections by a trained nurse and of having medical opinion on the fitness of particular children available to the school teachers who see the children day by day under the stress of work and release of play. The early identification of defects in health or physique and their correction reap a healthy harvest of school leavers.

The anomaly, that the service provided under the Education Act, 1944, is limited to those at schools maintained under the Act while the National Health Service provides services available to all, throws up a problem here and there. The parent of the maladjusted child, of the slightly backward child or perhaps the physically handicapped child, tends to look for schooling elsewhere than the maintained primary school, and thereby misses the opportunity for special schooling or educational treatment to suit the child's need. This anomaly became clear in the Child Guidance Clinic work, and was not yet solved at the end of the year, although by the association of Dr. Whatley our Psychiatrist with the Hospital services we hope to have solved it now.

There is appreciable a closer association between the family doctor and the school medical officer under the new services. The latter is no longer used (if he allowed it) as a free substitute for a visit to the doctor's surgery, and such embarrassment to the working relations between us have been removed.

The specialist services are provided through the Hospital and Specialist services, although in the case of the Ophthalmic Service a special school children's clinic is run at the Kent and Canterbury Hospital with the Specialist serving on a sessional basis and paid by the Education Committee, who recoup themselves from the Kent and Canterbury Executive Council.

Two arrangements are worth noting as indicating the co-operation that has developed as a result of the National Health Services. It has been arranged that when the School Medical Officer refers a child to a Specialist a copy of the Specialist's report goes to the family doctor. Of the same nature is an arrangement that when a

school child receives hospital treatment a copy of the report sent to the family doctor is sent confidentially to the School Medical Officer to apprise him of anything that may influence the child's development. These arrangements acknowledge that we all work towards the same end in the various branches of the Health services.

Referring to the report below, the figures will be found to compare satisfactorily with those for the previous years. The percentage of children requiring and accepting dental treatment remained about the same, despite the new free general dental service. The classification of nutritional state has been discontinued and a new classification of general condition including nutrition has been substituted by the Ministry of Education.

The report includes three parts, the general data of report, a note by the Educational Psychologist of work on a survey of backwardness in certain schools and of her other work in schools, and the report by the Medical Director of the Child Guidance Clinic.

The work of the School Health Department has been helped very much by the co-operation of the Director of Education, and of the Head Teachers and teachers, and I should like to express my appreciation of the good services of the School Dentist, the School Nurses and the Clinic Staff and of the Staff of the Child Guidance Clinic who weathered a difficult year.

In this report of my first year of work as your School Medical Officer I should like to state my gratitude to the Education Welfare Sub-Committee who have handled matters of decision with such helpful understanding.

Your obedient servant,
MALCOLM S. HARVEY,
School Medical Officer.

GENERAL INFORMATION.

Number of School Departments:

Primary	...	...	...	...	...	...	11
Secondary	...	...	...	...	...	...	5

Number of Scholars on Roll at end of 1948:

Primary	...	...	...	...	...	...	2925
Secondary	...	...	...	...	...	...	1605
							—
							4530

Medical Inspections.

The four categories of nutrition have been replaced by three categories of general condition including nutrition. 'A' represents Excellence in health and physique. 'B' represents Fair condition, implying "of average quality." 'C' represents Poor condition. Routine medical inspections were carried out at the three age stages, on entry to the Primary School, before transfer to the Secondary School, and prior to attaining the school leaving age.

940 children were examined and of these 20.8 per cent. were in Category A, 73.3 per cent. in the Category B and 5.9 per cent. in Category C. Details are shown in Table S.1 on page 58.

Defects of Vision.

The following defects of vision were identified at Routine or Special Inspections. (These inspections have now been supplemented by vision checks by the School nurses at ages 7 and 13 years who refer cases found to the School Medical Officer for further examination).

Found at Routine Medical Inspection—

Number of children tested	...	...	...	...	...	579
Number found to be suffering from Visual Defect	...	...	...	...	...	15
Number found to be suffering from Squint	...	...	...	...	...	5
Number found to be suffering from Other Defects	...	...	...	...	...	14

Found at Special Inspection—

Number of children found with Visual Defects	...	...	...	...	...	131
Number of children found with Squint	...	...	...	...	...	15
Number of children found with Other Defects	...	...	...	...	...	3

Visual Defects treated by Ophthalmic Surgeon (Vision, Squint, etc.)—

Total cases of Visual Defect treated or under observation	...	...	...	...	...	206
Spectacles prescribed or already wearing glasses	...	...	...	...	...	167
Operations for Squint	...	...	...	...	...	7
Children attending Orthoptic Clinic	...	...	...	...	...	63

Of the 167 children required to wear spectacles 113 were ordered new glasses during 1948 either for the first time or as renewals. A check in July, 1949, showed that 112 had obtained the spectacles: 1 parent had refused to co-operate but was now obtaining spectacles for her child under the Supplementary Ophthalmic Service.

Defects of Nose and Throat.

In the medical inspections 260 cases of this type of defect were identified. 98 were kept under observation and 162 were referred to the Ear, Nose and Throat Specialist. During the year 124 children were operated on, 22 had other forms of treatment, 2 refused operation, 1 case was too ill to tolerate operation, and 2 cases left the district. No treatment was considered necessary in 11 cases.

Defects of Hearing and Ear Disease.

The following cases were found in the course of Routine Medical Inspection and through the Minor Ailments Clinic. Deafness 3; Otitis Media, 29; Acute Otitis Media, 10; Others, 11.

Tuberculosis.

No cases of pulmonary tuberculosis were found in the course of routine inspections but several children were referred for check X-ray and found satisfactory.

Minor Ailments.

There were 4,249 attendances at the Minor Ailments Clinic excluding the 463 attendances for diphtheria immunisation or reinforcement.

Uncleanliness.

The School Nurses made 8,615 examinations throughout the year and 71 children were found to show evidence of infestation of the head. 164 warning notices were sent to parents with advice on cleansing and 3 children were cleansed under arrangements made by the Education Authority under Section 54 of the Education Act, 1944. No legal proceedings were found necessary.

Scabies.

Twelve cases of scabies were identified, 3 at Routine Medical Inspection and 9 at the Minor Ailments Clinic, and dealt with on the basis of the whole family. The figure for the previous year was 25 cases and it seems that the post-war decline in incidence of scabies continued.

Immunisation of School Children Against Diphtheria.

During 1948 a total of 74 children were immunised for the first time and 217 received reinforcing injections through the arrangements under the School Health Service.

Number of sessions held	...	...	...	...	20
Number of attendances	...	...	...	...	463
Primary Immunisation:					
School Children	...	...	...	...	73
Pre-school Children	...	...	...	...	1
Re-inforcing injections given	...	...	...	...	217

These figures are included in Table VI on Page 22.

Handicapped Pupils.

The following cases are on the register of handicapped pupils:—

Blind or Partially Sighted	...	...	...	...	1 (Female)
Deaf	...	...	...	...	3 (2 Male, 1 Female)
Delicate	...	...	...	...	2 (Males)
Educationally Subnormal	...	...	...	...	47 (32 Males, 15 Females)
Epileptic	...	...	...	...	2 (Males)
Maladjusted	...	...	...	...	7 (5 Males, 2 Females)
Physically Handicapped	...	...	...	...	3 (Males)
Speech Defects	...	...	...	...	3 (Males)
Multiple Disabilities	...	...	...	...	2 (1 Male, 1 Female)

(Includes a Blind child)

Number of children notified during 1948 to the Health Authority as incapable of receiving education (Section 57, Education Act, 1944)

—2.

The Medical Director's report on the work of the Child Guidance Clinic is given at the end of the School Medical Officer's report, but there follows here a report by the Educational Psychologist on work in the City schools during and previous to 1948.

Canterbury children were subjected to a lot of interruption of their education and change of school during the war years. Miss Horne's study is, therefore, of some technical interest, in reflecting the result of this on complete groups of children.

Educational Psychologist's Report :

1. Over a period to the end of 1948, some 258 children have been examined individually on the survey of backwardness and educational retardation which has been practically completed. Each child was given the Revised Stanford Binet L Form intelligence test, with tests of educational attainments, and, in relevant cases, more detailed diagnostic tests were given to determine the most suitable method of dealing with his or her specific difficulty in learning, when Remedial Treatment could be started.

Six children in urgent need of help with Reading or Arithmetic have been given remedial teaching weekly at the Clinic.

The results of the Survey are tabulated below :—

TABLE A.

Type of School	No. on Roll	No. presented as backward	Children with I.Q. 69 or below	Children with I.Q. 70-85 incl.	No. aged 7-14 with I.Q. below 86	No. aged 11 on I.Q. below 86	% on the Roll with I.Q. below 86	No. retarded Educationally by 20% of Chronological age and therefore Educationally Subnormal	
								Reading	Arith-metic
Junior and Secondary Girls A	346	112	9 (all 11+)	56 (40 of 11+)	65	49	19%	81 77 in	99 both
Junior and Secondary Boys B	321	91	11 (10 of 11+)	41 (26 of 11+)	52	36	16%	76 70 in	81 both
Mixed Junior and Secondary C	160	28	3 (2 of 11+)	14 (10 of 11+)	17	12	10.5%	26 25 in	26 both
Secondary Girls D* aged 11+	264	42	4 (all 11+)	11 (all 11+)	15	15	6%	23 23 in	40 both
TOTALS	1091	273	27	122	149	112	13.7%	206	246
								(Innately Educationally Subnormal)	195 in both = 18% acquired Educationally Sub-normal

18 per cent. (195 children) of children on roll in 4 Senior Schools are E.S.N. in that they are "educationally retarded by 20 per cent. or more of their C.A."

Of these:—

13.7 per cent. had I.Q.'s below 86 and are therefore E.S.N. in that they are "innately dull."

2. The distribution of intelligence of the 250 children examined in City schools in 1948 (ages 5-14+) in connection with Child Guidance Clinic work is as under: the large proportion of children presented as query—E.S.N. accounts for the loading in the 70-90 range. *(below).

TABLE B.

I.Q.	40-49	50-59	60-69	70-79	80-89	90-99	100-109	110-119	120-129	130-139	140+
No. of Cases	1	1	8	39	66	74	34	16	8	1	2
	0.4 %	0.4 %	3 %	16 %	26 %	30 %	14 %	6 %	3 %	0.4 %	0.8 %
				* 42 %		44 %		9 %			

250 cases: Scatter—I.Q. 47—146.

80 of these were below I.Q. 86 and therefore E.S.N. and 10 of these were below I.Q. 70.

I.Q.'s.	40-49	50-59	60-69	70-75	76-80	81-85
Cases	1	1	8	14	25	31

Of the remainder of the 250 cases:—(i.e. 170 cases).

71 were E.S.N. in both Reading and Arithmetic "by 20 per cent. of C.A."

(29 were E.S.N. in Arithmetic only;

(14 were E.S.N. in Reading only.

It is hoped to put the remedial teaching scheme for these children into action after Easter (1949).

3. Numerous children in the schools presenting behaviour and other problems have been discussed individually with the Head Teachers, and in some cases, the class teachers, and suggestions made and various lines of treatment tried to help the child over what may have been a difficult phase of normal development or reactionary behaviour to unusual occurrences in home or even school environment.

In addition to these, 19 children were, after discussion, referred for fuller investigation to the Child Guidance Clinic, the reasons for their referral being as follows:—

19 children were referred:

Reason for Referral.					No. of Cases.
Unruly behaviour and anxiety symptoms	...	...	...	4	
Fears and nervous upsets (home and school)	...	...	...	4	
Regressive and attention-seeking behaviour and backwardness	...	...	...	3	
Excessive shyness and backwardness	...	...	...	1	
Aggressive behaviour in school	...	...	...	3	
High I.Q. with retardation and neurotic fears	...	...	...	1	
Petit Mal and general backwardness	...	...	...	1	
Enuresis and general anxiety	...	...	...	1	
Unmanageable behaviour and backwardness	...	...	...	1	
					— 19 cases.

Work has also begun on a detailed survey of the City's Infant classes, and it is most gratifying to find, in one school alone, no less than 4 exceptionally clever children, in that they have I.Q.'s over 150. The incidence of these children in the total schools population over the whole country is somewhat rare—representing 0.2 per cent. or 1 in 500.

Below is given the distribution of intelligence for one reception class of 28 infants born in 1942, and approximating closely to the normal curve.

I.Q.	Nos.	% (28 cases)
70—79	1	3½% 14%
80—89	3	10½%
90—99	5	18%
100—109	10	36%
110—119	5	18%
120—129	4	14%
Over 129	0	—

Range = 79—129 I.Q.'s.

Categories:	70—85	1 case	—	3.6%
	85—115	19 cases	—	70% approximately.
	115—130	8 cases	—	28.6%

showing a relatively high proportion of potential scholarship winners.

Tests for reading-readiness, to enable the teachers to approach formal reading only when the child is individually ready and so to avoid the early check which gives rise to more serious failure later, have been begun in second-year infant classes.

Some small discussion groups with Infant and Junior teachers were held during the first half of 1948, on topics relating to normal infant behaviour and learning.

EDNA HORNE.

Employment of Children and Young Persons.

Thirty-two children, compared to 29 in 1947, were examined in compliance with the Byelaws governing the part-time employment of school children. One case was not passed as fit for the employment mentioned on the application.

Provision of Milk and Meals.

At the end of the winter term of 1948 there were 3,400 children having milk in school of whom 845 were secondary school scholars.

During the year 3,073 scholars received canteen dinners. 563 received the dinners free of charge. Of the total 1,866 were Secondary school scholars.

131 special cases received Halibut Liver Oil capsules with school milk as a form of treatment, which was found to be beneficial. One supplier of School Milk was found to give unsatisfactory milk sample results. Approval to this supplier was withheld for a few weeks until the treatment and handling of the milk was improved and tests proved satisfactory.

Dental Defects and their Treatment.

The figures for the School Dentist's work show that 66.3 per cent. of those inspected required dental treatment and that the parents of 59.9 per cent. consented to the treatment being provided by the School Dental Clinic. These figures show only decimal differences from 1947.

The School Dentist is now able to provide a full service including orthodontic treatment and at the time of writing this report has been provided with a modern chair and dental unit. Dr. Figidor reports as follows on the work of inspection and treatment :—

Dental Inspection and Treatment.

(1) Number of children inspected by the Dentist :—

(a) Routine Age Groups—Age	2	1
3	5
4	71
5	282
6	284
7	228
8	314
9	291
10	284
11	243
12	237
13	299
14	286
15	101
16	35
17	12
Total	2973

Tabular Data concerning Medical Inspection and Treatment.

MEDICAL INSPECTION OF CHILDREN.

ROUTINE MEDICAL INSPECTIONS:—

1. No. of inspections in the prescribed groups—School Rolls
(end of Winter Term 1948).

TERM 1948			
Entrants	...	...	361
Second Age Group	...	320	Primary
Third Age Group	...	257	Secondary
		—	—
	Total	938	Total
		—	4530

2. No. of other Routine Inspections—2 Grand Total 940

2. No. of other Routine Inspections—2 Grand Total 940
OTHER INSPECTIONS (Specials and Re-inspections):— ... 1569

TABLE S.1.
Condition of children on Routine Medical Inspection

Age Group	No. Inspected	A		B		C	
		Excellent	Fair	Fair	Poor	No.	%
Entrants - -	361	53	14.7	288	79.8	20	5.5
Intermediates	320	77	24.1	227	70.9	16	5
Leavers - -	257	66	25.7	172	66.9	19	7.4
Others • - -	2	—	—	2	—	—	—
Total	940	196	20.8	689	73.3	55	5.9

TABLE S.2.

RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN
THE YEAR ENDED 31st DECEMBER, 1948.

NOTE: All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		Requiring treatment	Requiring to be kept under observation, but not requiring treatment
		(2)	(3)		
4	Skin	21	13	—	1
5	Eyes	15	74	131	16
	(a) Vision	15	74	—	1
	(b) Squint	5	14	—	1
	(c) Other	14	5	3	1
6	Ears	2	3	1	—
	(a) Hearing	2	3	1	—
	(b) Otitis Media	2	4	1	—
	(c) Other	2	7	—	—
7	Nose and Throat	44	80	118	18
8	Speech	1	3	1	1
9	Cervical Glands	8	29	3	10
10	Heart and Circulation	3	12	—	3
11	Lungs	17	17	2	1
12	Developmental—				
	(a) Hernia	1	—	—	—
	(b) Other	—	—	—	—
13	Orthopaedic—				
	(a) Posture	13	8	2	10
	(b) Flat foot	21	11	—	6
	(c) Other	4	13	9	6
14	Nervous System—				
	(a) Epilepsy	1	2	1	2
	(b) Other	1	6	—	1
15	Psychological—				
	(a) Development	—	—	—	1
	(b) Stability	—	1	12	—
16	Other	8	31	14	9
Total Number of children inspected		940		1,569	

TABLE S.3.

MINOR AILMENTS (Excluding Uncleanliness, for which see
Table S.6.

						No. of Defects treated, or under treatment during the year.
Skin—						
Ringworm—Scalp—						
(i) X-ray treatment	...	...	...	...	...	1
(ii) Other treatment	...	...	...	...	...	2
Ringworm—Body	...	...	...	...	...	1
Scabies	...	...	...	...	...	9
Impetigo	...	...	...	...	...	5
Other skin diseases	...	...	...	...	...	41
Eye Disease	...	...	...	...	...	56
	(External and other, but excluding errors refractions, squint and cases admitted to hospital).					
Ear Defects	...	...	...	...	...	48
	(Treatment for serious diseases of the ear is not recorded here).					
Miscellaneous	...	...	...	...	...	1073
	Total					1236
(b) Total number of attendances at Authority's minor ailments clinics	...	...	...	...	...	4249

TABLE S.4.

TREATMENT OF DEFECTIVE VISION AND SQUINT

(Excluding Minor Eye Defects treated as Minor Ailments).

Vision.	Errors of Refraction and Squint dealt with	...	...	206
	(all under Authority's scheme, modified as from July, 1948).			
	Other Defects or Diseases	...	...	Nil
	No. of children for whom Spectacles were prescribed	...	...	113
	Spectacles obtained (at July, 1949)	...	...	112

TABLE S.5.

TREATMENT OF DEFECTS OF NOSE AND THROAT.

Defects which received operative treatment (under Education Committee arrangements)	...	124
Defects which received other forms of treatment	...	22
Total No. treated	...	146

TABLE S. 6.

(1) Average Number of visits per school made during 1948 by School Nurses	...	...	...	...	8
(2) Total No. of Examinations of children in schools by School Nurses	...	...	...	...	8615
(3) No. of Individual Children found unclean	...	...	...	...	71
(4) No. of Individual Children cleansed under Section 54 Education Act, 1944	...	...	...	...	3
(5) No. of cases in which legal proceedings were taken	None				

CHILD GUIDANCE CLINIC

ANNUAL REPORT, 1948.

The Report of the Medical Director of the City of Canterbury Education Committee's Child Guidance Clinic for the year 1948.

The work of the Clinic has increased again during the past year. Although fewer new cases were seen than in 1947 (182 in 1948, compared with 221 in 1947) the treatment side of the work was considerably expanded, as can be seen from Tables 3 and 4 below.

TABLE C.G. 1.
SOURCE OF REFERRAL.

		Canterbury	County
School Medical Officer	...	14	107
Private Doctors	...	7	10
Court or Probation Officer	...	1	11
Head Teachers and Education Office	...	15	35
Parent or Foster Parent	...	2	4
Other Clinics or Psychiatrists	...	4	25
Social Agencies	...	1	2
Infant Welfare	...	2	—
Educational Psychologist	...	12	—
		—	—
Total	...	58	194

TABLE C.G. 2.
PROBLEMS REFERRED.

		Canterbury	County
1. NERVOUS DISORDERS, e.g., fears, depression; apathy; excitability	...	18	24
2. HABIT DISORDERS AND PHYSICAL SYMPTOMS, e.g., enuresis, speech disorders, sleep disturbances, feeding difficulties, tics, fits, etc.	...	10	64
3. BEHAVIOUR DISORDERS, e.g., unmanageable, tempers, stealing, lying, sex problems, etc.	...	19	66
4. EDUCATIONAL, e.g., backwardness, failure to concentrate	...	10	30
5. COURT CASES	...	1	6
6. MISCELLANEOUS	...	0	4
		—	—
Total	...	58	194

TABLE C.G. 3.
ANALYSIS OF 182 NEW CASES SEEN IN 1948.

			Canterbury	County	Total
Diagnosis and Advice	...	...	13	41	54
Diagnosis and placement	...	...	1	11	12
Taken on for regular treatment	...	...	14	36	50
Taken on for supervision	...	...	9	47	56
Remedial coaching	...	...	4	2	6
Partial diagnosis	...	...	1	3	4
			<hr/>	<hr/>	<hr/>
	Totals	...	42	140	182
			<hr/>	<hr/>	<hr/>

TABLE C.G. 4.
CASES CLOSED IN 1948.

202 cases were closed in 1948, as follows:—

A. Non-Treatment Cases.

Closed after Diagnosis and advice	...	...	...	92
Withdrawn by referring agency before any action was taken by Clinic	...	...	...	24
Moved away	...	...	...	4
Placed away on Clinic recommendation	...	...	...	14
			<hr/>	<hr/>
	Total	...	...	134
			<hr/>	<hr/>

B. Treatment Cases.

Treatment completed—Adjusted	...	...	...	15
" " Improved or much improved	...	...	...	31
" " No change	...	...	...	10
" " incomplete—Families un-co-operative	...	...	...	12
			<hr/>	<hr/>
	Total	...	...	68
			<hr/>	<hr/>

WAITING LISTS—December 31st, 1948.

		Canterbury	County
Diagnostic	21
Treatment	6

Notes on Table C.G. 3.

These figures refer to children who were seen for the first time in 1948. Just under a third of the total were taken on for regular treatment (50 cases), just under a third for supervision by Psychiatric Social Worker, or spaced interviews (56), and the remainder (76 cases) were seen for diagnostic interview only, advice re placement, or for remedial coaching.

A good deal of the preventive work of the clinic is done through the single diagnostic interview, followed by a report and

recommendations to those referring the children. Also through the supervision cases where support and guidance to a parent or child may avoid more serious trouble later on.

Notes on Table C.G. 4.

Here, as in Table 3, roughly one third of cases received treatment, and the rest of the figures refer to cases closed after only one interview.

Treatment is a very variable process, as measured by the number of interviews given to each child, as some children need many months of weekly attendance before they can be regarded as adjusted, or sufficiently improved to manage without clinic help, while others clear up after a few interviews.

Waiting Lists.

The number waiting for interview rose sharply towards the end of 1948, partly owing to staff shortage, and consequent curtailing of work, and partly to a big influx of cases referred at the end of the year.

Staff Changes.

Miss Elkan, Psychiatric Social Worker since September, 1946, left the staff on May 31st, 1948, to work at the Paddington Green Children's Hospital in London. We were very sorry to lose Miss Elkan as her work in the clinic and her many contacts with other workers in the area had been of great value. No appointment could be made to replace Miss Elkan, so for the last seven months of 1948 the social aspects of the clinic work were inevitably curtailed. Miss Daunt dealt nobly with both the Thanet and the Dover-Folkestone areas for the rest of the year until her illness in November, 1948, left us without any workers for the last seven weeks of the year. This long period of under-staffing has affected the figures for the year, as it was impossible, in spite of every effort to carry out the full programme.

New House, Mersham.

It is of interest to record the valuable help received in the assessment and disposal of difficult cases through the establishment of the Children's Reception Centre at Mersham-le-Hatch.

During the past year it has been possible to arrange for short term admission of children who needed (a) either a period of observation away from their homes in order to establish psychiatric diagnosis or (b) a detailed recommendation for those definitely needing long term placement away from home. During the past year nine such children from the clinic passed through the Centre.

It is now learned that in 1949 the first function of the Centre will be considerably curtailed as it is primarily designed to meet the needs of children who are homeless or whose homes are known to be unsuitable. This still further increases the need for a residential hostel which could function as an observation centre for disturbed or maladjusted children.

THE NATIONAL HEALTH SERVICE which came into operation on July 5th, 1948, has had an indirect effect on the relation between the Child Guidance Service and the Health and Educational facilities provided in the area. This reorientation under which the staff, though functioning as before, will act as officers of both the Health and Education Services will, we understand, enable us to cater for all ages and types of children whether attending maintained or private schools. The clinic thus has a direct function as an adjunct of the National Health Service as well as a Special Services clinic under the School Medical Service.

Need for a Hostel attached to the Clinic.

This matter was raised in the 1946 and the 1947 Annual Report. Although preliminary discussions have taken place in connection with the provision of a hostel, no practical developments have occurred and the lack of any residential facilities in connection with this clinic is a very real handicap to our work.

Such a hostel could provide (a) psychological first aid service for acutely disturbed children who need a short period away from their home background, either because of a sudden upheaval in the family, or because they are at a stage of treatment when this cannot be carried out effectively while the child remains at home: (b) treatment facilities for children who require a longer period of adjustment and therapy, extending for six months or perhaps a year.

Children needing such facilities as these are a relatively small proportion of our cases, but they are all serious and urgent, and at present we cannot meet their needs. The clinic at present can be compared with a casualty or out-patient department of a general hospital without in-patient or observation beds. During 1948 no fewer than 28 children attending the clinic needed long or short term placement in a small hostel, specially planned to provide environmental and psychiatric treatment for disturbed or maladjusted children. These 28 children were actually dealt with as follows:—

6 were satisfactorily placed.

9 were admitted for 2-3 weeks to New House for observation and further recommendation, but no treatment is available there, apart from the relief afforded by removal from the often strained and unsuitable home situations to an understanding and stable environment.

13 remained at home, and a considerable amount of clinic time and effort was spent in attempting to deal with conditions both in the children themselves and in their families, which were really beyond our resources and in fruitless attempts to find a suitable placing.

These facts do not occupy much space in a report, but represent what is in effect a significant and expensive waste and misuse of Child Guidance Service.

A few brief notes on cases we have seen are given to illustrate the need.

"Q. Aged 2½, was referred to the clinic for extremely aggressive and difficult behaviour. The family history here was unusually tangled — Q. was the illegitimate child of a mentally defective woman who lived with her own mother. Q. was adopted in infancy, by her maternal aunt, who shortly afterwards had a baby boy of her own. The grandmother shared the care and responsibility for Q; she thus had frequent contact with her own mother, who, due to her mental deficiency, took no interest or notice of the child. The adoptive mother was a really kind, loving and understanding person.

Q. when first seen at the clinic was obviously a very disturbed and unusual little girl. The history in itself was enough to have caused severe interference with normal development. In addition there was an acute rivalry situation with the younger brother, Mrs. Q's own child, a mysterious illness before one year that might have been a brain inflammation producing subsequent damage to the nervous system, and the likelihood of congenital mental defect.

The Clinic was asked to advise both the family and the authorities as to the best way of handling this situation. It was impossible to say which of the four possible causes for Q's very unusual and unmanageable behaviour was predominant, unless a period away from home could be arranged. A period in a small hostel staffed and run for the observation and assessment of maladjusted children was needed, and there was no hostel available for Q."

"A. Born in early 1940 was referred to the Clinic for difficult behaviour at home and school when he was 7½ years of age. The elder of two children whose father was disabled and in and out of Hospital and whose mother was exceedingly unstable and had a history of mental illness. A. attended the clinic for a year but showed little improvement. He resorted to wild phantasy to a serious degree and was restless, fidgety and unable to concentrate. Mother became increasingly disturbed and father had to enter hospital for a major operation. It became essential the child should be removed from home for a while, both to see how much of his disturbed behaviour was reactive to the insecure home situation and to prevent mother's complete breakdown. He was admitted to the Children's Reception Centre at Mersham in the latter part of 1948, who recommended further residential treatment and support for the parents with a view to the boy's ultimate return home. A. was discharged and continued treatment in the C.G. Clinic. The parents were very co-operative and while father was home the situation improved for a time. In the spring of 1949 the father had to return to hospital for further treatment and it was apparent that mother would break down under the strain of the children, without her husband's support, so temporary placement again became an urgent necessity. Mother's nervous condition became more severe and she was admitted as a Voluntary Patient to a local Mental Hospital. The County

Children's Committee ultimately arranged for the boy to be placed with his younger sister in one of their Hostels. This meant interruption of the boy's treatment and as the staff of the hostel were not fully trained to deal with a severely maladjusted child, he proved a considerable problem. The boy has some innate instability, but with constant therapy and supervision, and the support of residential care when necessary should make a reasonable adjustment to life.

Without a residential hostel in association with the C.G.C. it has been impossible to handle this case in a really constructive way."

Specialist and public opinion recognises more and more that delinquent, anti-social and maladjusted adults have often had unfortunate and damaging experiences in early life. It would seem that any measures which help the present generation of problem children to develop into useful, efficient and contended citizens, will reduce the numbers of future unhappy and expensive misfits in society.

The establishment of a hostel for maladjusted and disturbed children in this area is a small but relevant and positive contribution to this problem.

Local authorities are empowered under the 1944 Education Act to provide such hostels for the maladjusted children in their areas, and grants of £4/4/0 per week in respect of each child are paid by the Ministry of Education. Grants are also made towards any capital outlay involved. If such a hostel is not filled with local cases at any time, other local authorities are only too willing to use the empty places, as the waiting list for the few hostels already established in the country is huge.

The Ministry of Education publication on Special Educational treatment states:—

"All Local Education authorities, in carrying out their duties with regard to maladjusted children, should therefore (a) have proper child guidance arrangements, or at least until the staff for the increased number of centres which will be needed is available, employ an educational psychologist, and (b) have arrangements for boarding out with carefully selected foster parents children who should be removed from their homes and are suitable for foster homes. The larger authorities or combinations of smaller ones (c) have one or more boarding homes (i.e., hostels) for children who may attend ordinary schools, and (d) have a boarding school for maladjusted children."

It is to be hoped that with the co-operation of the County Authority and the use of the facilities now available under the new Education and Health Acts, such a Hostel can be opened in this area in the not too distant future.

ELIZABETH WHATLEY,
Psychiatrist.

APPENDIX

In deference to the wishes of the Association to economise in expenditure the following Report has been included as an appendix.

CANTERBURY AND DISTRICT NURSING ASSOCIATION.

Report for the period 1st April—4th July, 1948.

In our last Annual Report which covered the year ending March 31st, 1948, the Committee announced—"That under the National Health Service Act (1948) the provision of a Home Nursing Service would be vested in the Local Authority and that the work of the Association would be continued and increased under a joint Committee composed of an equal number of representatives of the Local Authority and ourselves under the supervision of the City Medical Officer and the Health Visitor within the terms of an agreement arrived at between the Local Authority and the Association which had been submitted to the Minister of Health and approved."

The joint Committee has been duly formed and commenced to function on July 4th, 1948. It is constituted as follows:—

Representing the Local Authority.

Councillor W. H. Chessell.	Councillor Mrs. M. A. Rickards
Councillor A. W. Fowler.	Miss Sheehan.
Councillor the Rev. C. H. de Laubenque	Dr. M. S. Harvey, M.O.H.

Representatives of the Association.

Alderman Mrs. E. M. Hews.	Mrs. Bissex.
Alderman H. G. James.	Mrs. E. Holtom.
Alderman H. P. Dawton.	Mr. P. Forwood.

Appointments.

Alderman Mrs. E. M. Hews.	Chairman.
Mr. A. Bell.	Hon Treasurer.
Miss J. M. Stead.	Secretary.

The Accounts for the period 1st April, 1948, to 4th July, 1948, are appended.

The disposal of the property and funds of the Association rest with the Charity Commissioners, but it is hoped that a small pension will be granted to Miss Stead and additional superannuation to Queen's Nursing Sisters Phipps and Lilley.

EVELYN M. HEWS,

Chairman.

CITY OF CANTERBURY DISTRICT NURSING ASSOCIATION

INCOME AND EXPENDITURE ACCOUNT FOR THE PERIOD ENDING 4th JULY, 1948.

INCOME.

£ s. d. £ s. d.

	INCOME.	EXPENDITURE.	£ s. d. £ s. d.
Grants Direct from:			
Ministry of Health in respect of increases in Nurses' Salaries	532 5 5	Salaries and Pension Contribution	285 19 0
Kent County Council through Kent Nursing Association in aid of Midwifery and Maternity	45 0 0	Laundry Allowance	8 15 9
Canterbury Corporation	47 10 0	Uniform Allowance	9 8 0
Fees Received	624 15 5	National Insurance	8 13 4
Members' Benefit Subscriptions:	33 1 6	Pension Premiums Association Contribution	72 6 6
Weekly Subscription	88 5 7	Cycle Expenses and Allowances	2 11 8
Stamps	19 14 4	Car Allowances	31 6 2
Work People's Contribution	84 14 2	Relief Nurses' Salary and Travel Expenses	2 6
	192 14 1	Drugs, etc.	12 4
Voluntary Subscriptions and Donations:		Rent	419 15 3
Subscriptions	69 17 6	Lighting Water and Fuel	3 15 3
Donations	1 2 0	Telephone	1 12 0
Other Receipts:	70 19 6	Stationery, Stamps and Advertising	5 8 2
Approved Society for Insured Persons	24 10 6	Insurance	9 4 1
Boxes	3 4 8	Cleaning	4 7 1
Sundries	1 11 10	Office Salaries	9 5 0
	29 7 0	Office Requisites and Sundry Expenses	56 8 7
	£950 17 6	Audit and Accountancy Charges	3 1 8
		Affiliation Fee, Queen's Institute	10 10 0
		Bank Charges	3 5 0
		Excess of income over Expenditure for the period	12 2 1
			412 2 10
			£950 17 6

ESTATE ACCOUNT FOR THE PERIOD ENDING 4th JULY, 1948.

INCOME.

£ s. d.

	INCOME.	EXPENDITURE.	£ s. d.
Rents Received	45 0 0	Rates	34 4 0
Interest on Investments	38 15 0	Upkeep of Garden	7 16 0
	£83 15 0	Excess of Income over Expenditure for the period, carried to Balance Sheet	41 15 0
			£83 15 0

BALANCE SHEET 4th JULY, 1948.

LIABILITIES.

£ s. d. £ s. d.

	LIABILITIES.	ASSETS.
Sundries Creditors		Cash at Bank—Estate Account
Bank Overdraft No. 1 Account	11 13 0	Petty Cash in hand
Capital Account—	561 7 7	Petty Cash in hand—Estate Account
General Purposes		Sundry Debtor—Ministry of Health, amount due for Grants for increases in Nurses' Salaries
Building and Equipment	2,141 15 0	Investments at Cost: Vested in the Official Trustees of Charitable Funds:
Estate Account as at 1st April, 1948	2,800 0 0	£400 3½% War Loan
Add: Excess of Income over Expenditure for the period	1,194 7 2	£200 2½% Defence Bonds
	41 15 0	£690 3s. 11d. 2½% Treasury Stock
	1,236 2 2	General Purposes:
	£6,750 17 9	£250 3% Defence Bonds (P.O. Issue)

	ASSETS.	£ s. d.
Cash at Bank—Estate Account	205 6 2	
Petty Cash in hand	1 11 2	
Petty Cash in hand—Estate Account	3 0 6	
Sundry Debtor—Ministry of Health, amount due for Grants for increases in Nurses' Salaries	532 5 5	
Investments at Cost: Vested in the Official Trustees of Charitable Funds:		
£400 3½% War Loan	400 0 0	
£200 2½% Defence Bonds	200 0 0	
£690 3s. 11d. 2½% Treasury Stock	666 15 0	
General Purposes:		
£250 3% Defence Bonds (P.O. Issue)	250 0 0	
£150 3% Defence Bonds	150 0 0	
£300 3% Defence Bonds	300 0 0	
£175 3% Defence Bonds	175 0 0	
Estate Account:		
3% Defence Bonds	100 0 0	
3% Defence Bonds	200 0 0	
	300 0 0	
Freehold Property:		
62 Burgate Street, at Committee's Valuation as at 1st April, 1948	2,600 0 0	
Expenditure on Improvements and Alteration as at 1st April, 1948	819 17 1	
Income and Expenditure Account as at 1st April, 1948	559 5 3	
Less: Excess of Income over Expenditure for the period	412 2 10	
	147 2 5	
	£6,750 17 9	

We have prepared the foregoing Income and Expenditure Account for the period 1st April, 1948, to the 4th July, 1948, and the Balance Sheet at the 4th July, 1948, from the books and vouchers of the City of Canterbury Nursing Association.

In our opinion the Accounts are correctly drawn up to record the transactions for the period under review and the position at the date of the Balance Sheet as disclosed by the books and in accordance with the information and explanations furnished to us. We have received all the information and explanations which we have required.

5th January, 1949.

30 St. Margaret's Street, Canterbury.

REEVES & YOUNG,
Chartered Accountants.

